

HomePorts Membership Agreement

Terms: HomePorts is a not-for-profit §501(c)(3) corporation, founded by residents of Kent and Queen Anne's counties, dedicated to helping its members live life to the fullest in their own homes as they grow older. To this end, HomePorts has arranged to offer its members, primarily through third-party providers, many of the activities and services available to residents of conventional high-quality retirement communities.

Annual membership fees for HomePorts set by the Board of Directors are \$300.00 annually per household (not to exceed two persons) which includes a free 13th month. Membership begins on the first day of the month in which the membership fee is paid and continues for the next twelve consecutive months. As a HomePorts member you are entitled to all of the attributes and benefits of membership.

HomePorts acts on behalf of its membership to identify the activities and services most in demand. HomePorts has identified strategic partners and other providers capable of delivering such activities and services under conditions of strict quality control, at convenient times and places, and often at reduced prices.

These strategic partners and other providers represent a wide range of health, home maintenance, transportation, personal comfort and general service organizations. Most of their services are available on a fee-for-service basis. As a HomePorts member, you will contract directly with and be billed for services by third-party provider. We will strive to assure you receipt of preferred treatment (including, in many instances reduced cost) as a HomePorts member.

One of HomePorts' primary functions is to ensure the highest possible member satisfaction with the activities and services provided. HomePorts will be held harmless with respect to any direct or direct liability in connection with services contracted for by members with third party providers recommended by HomePorts.

Agreement: In order for HomePorts to monitor its members' needs and levels of satisfaction, I authorize third-party providers to share non-medical data with HomePorts about the services I use. HomePorts reserves the right to be in touch with those individuals listed on a member's current contact sheet in any instance affecting health or safety.

AS A HOMEPORTS MEMBER, I HEREBY RELEASE AND DISCHARGE HOMEPORTS FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND I AGREE TO HOLD HOMEPORTS HARMLESS FROM AND AGAINST ANY COST, EXPENSES OR DAMAGES (INCLUDING WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES) ARISING IN CONNECTION WITH ANY AND ALL CLAIMS BROUGHT BY OR THROUGH ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

I have read the above carefully, and I am pleased to become a member of HomePorts under the terms and conditions described.

PRINT Name

PRINT Name

Signature of Member's
Name

Signature of Member's
Name

Telephone_____

Street_____

City and ZIP _____

Email _____

MembershipFee

Date Paid_____

Membership accepted by_____

Title _____(for HomePorts)

HomePorts, Inc.
PO Box 114
Chestertown, MD 21620
www.homeports.org