



**Toco Hills NORC**

**Naturally Occurring Retirement Community**

*Promoting aging in place by linking older adults to services, and creating opportunities for socialization, learning, health and wellness.*

We are informing you of some changes in our NORC budget for the new fiscal year. We will continue to provide you with the following benefits:

- Lifeline Emergency Response System discount -save up to \$120/year!
- Taxi and JETS Transportation vouchers\*- \$15/month value
- Monthly luncheons
- Escorted trips
- Free phone and office consultations
- Free caregiver support group
- Free card games
- Free grief support group
- Community involvement
- Shopping assistance
- Free walking group
- Friendly visitors
- Tai Chi class 10% discount
- Free knitting & book clubs

*\*As funding permits*

To make up for our shortfall, we are increasing our membership dues for the first time ever. Our individual fee is \$50 and our couple’s fee will be \$75. Now, 50% of membership dollars collected will go directly to our programming and 50% will go to cover administrative costs. We are so excited and privileged to be able to continue to bring services to the Toco Hills NORC!

For more information, call Jessica Wilson: 404-633-3033 email: [norc@jfc-atlanta.org](mailto:norc@jfc-atlanta.org).

TOCO HILLS NORC MEMBERSHIP RENEWAL 2011-2012		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:

Please make your check payable to Toco Hills NORC. Mail form and check to:  
 Toco Hills NORC | 1340 McConnell Drive Decatur, GA 30033 | Attention: Jessica Wilson  
**Membership Dues: \$50/individuals; \$75/couples**



## Toco Hills NORC

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### General Release and Waiver of Liability for the Toco Hills NORC

The NORC program is designed for persons 60+ who are independent and do not require any oversight or supervision. Many programs are self directed or led by members including but not limited to the walking club and the additional monthly luncheon not organized by staff.

By signing this waiver you acknowledge that NORC staff may not be present during all advertised activities, you are voluntarily participating in this program and you agree to waive any and all liability against the NORC for your participation in self directed or member led programs. You further agree to disclose to the NORC staff any changes in your personal condition that would require oversight and supervision and make you no longer appropriate to participate in a program for independent adults.

I affirm that the information I have provided is true. By signing this agreement, I agree that I have read and understand this General Release and Waiver of Liability.

Name of Individual: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_