

Membership Information and Application

Membership in Beacon Hill Village is open to people age 50 and over who live in one of Boston's downtown neighborhoods.

Our Neighborhoods

Beacon Hill Village includes residents of Back Bay, Beacon Hill, the West End, and adjacent neighborhoods including Midtown, Downtown Waterfront, and the North and South Ends.

Membership is open to these neighborhoods only because it is important for members to be within reach of our cultural and social programs and for us to deliver services such as handymen, computer help, personal trainers, health care, and grocery shopping

Please call us at 617-723-9713 if you have questions.

Membership Fees

Annual fees are \$975 for a household, \$675 for an individual.

Additionally, individuals age 60+ with limited incomes may be eligible for subsidized membership for which fees are \$110 for an individual and \$160 for a household. Financial eligibility is tied to BPDA affordable housing income limits: \$57,900 or less for individuals; \$66,200 or less for households as of April 2017. Funding for this program is limited. Please call BHV for more information. Inquiries and enrollment are strictly confidential. Depending on income, a \$250 credit that can be applied to programs and services accessed through BHV also may be available.



Map courtesy of aaccessmaps.com: www.aaccessmaps.com/show/map/boston/overall



Membership Application

Beacon Hill Village is a non-profit 501(c)(3) corporation founded by Boston residents to help its members thrive as they age in their own homes. Beacon Hill Village provides a wide variety of activities and programs, as well as services from volunteers, staff, and vetted third-party providers (usually with preferred treatment and discounts).

Name(s) please print: _____

Birth date(s) for each member: _____

Address: _____

Telephone: _____ Email: _____

I/we wish to enroll as:

\$675 Individual Member (full-year) \$975 Household Members (full-year)

For reduced-fee membership, please call the office.

Check enclosed \$ _____

Charge credit card Type of card: MasterCard VISA

Account number:

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Expiration date:

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3-digit security code:

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(on back of credit card)

In order for Beacon Hill Village to meet its members' needs, I agree that third-party providers may share non-medical data with the Village staff, and that the staff may consult my contacts in case of health or safety concerns.

Payment of the membership fee constitutes an agreement to (i) release and discharge Beacon Hill Village from all responsibility or liability for services rendered by any third-party providers, and (ii) hold Beacon Hill Village 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 the member, including but not limited to claims brought by the member's insurance carrier.

I have read and understood this application form, and I hereby apply to become a member of Beacon Hill Village under the terms and conditions described.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Signature for Beacon Hill Village _____

Name and Title _____

Effective Date of Membership _____