

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, Fenway/Kenmore, Midtown, the North, South and West Ends, and the Waterfront.

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 be able to arrange for services such as handymen, computer help, homecare and grocery shopping.

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: \$66,650 or less for individuals; \$76,200 or less for households as of April 2020. 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.

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



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

Beacon Hill Village
74 Joy Street
Boston, MA 02114



617-723-9713
info@beaconhillvillage.org
www.beaconhillvillage.org

Membership Application and Agreement

Beacon Hill Village is a non-profit membership organization founded in 2002 by a group of friends to help themselves and their neighbors change the experience of growing older in downtown Boston. Together, hundreds of older adults are creating new resources and opportunities for leading vibrant, active and healthy lives as they grow older in their own homes and neighborhoods. Beacon Hill Village provides a wide variety of activities and programs, as well as access to services and support when needed.

Name(s) please print: _____

Birth date(s) for each member: _____

Address: _____

Telephone number(s): _____

Email(s) for each member: _____

I/we wish to enroll as:

Individual Member:

Household Member:

Full-year (\$675)

Full-year (\$975)

6-month Introductory* (\$375)

6-month Introductory* (\$535)

*Full-year (12 month) memberships will be available following the 6-month introductory period

For reduced-fee membership, please call the office.

Check made payable to Beacon Hill Village enclosed \$ _____

Please charge \$ _____ to my MC VISA

Card Number:

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Name as it appears on card _____ Exp. Date _____ CVV# _____

Billing address if different from above _____

So that Beacon Hill Village can meet the needs of its member, 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.

Beacon Hill Village reserves the right to deny or discontinue membership in the event that it determines that an individual's or household's membership is incompatible with the organization's purpose and/or capacities. In making this determination, the needs of the Village, its members, service providers, volunteers, and the undersigned member(s) in particular, are considered.

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 _____

For Beacon Hill Village _____ Membership Effective Date _____

Name and Title _____