

## Senior Transportation Application: MEMBER



ShareCare™ of Leelanau, Inc.  
7401 E Duck Lake Rd. #600  
Lake Leelanau, MI 49653-8701  
231.256.0221

Office Use	
Enrollment Date _____	
Member # _____	Region _____

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Partner Name \_\_\_\_\_

Mobility issues?  Yes  No Please explain \_\_\_\_\_

Directions to your home \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Any full or part-time resident of Leelanau County, Michigan, who has signed this agreement and has paid annual dues is eligible for transportation services.

Riders must be able to get in and out of a car with minimal assistance.

If misunderstandings arise, a Resolution Committee will work toward a solution agreeable to both parties. ShareCare retains the right to terminate membership under circumstances considered by the executive committee where the continuation of membership may present an unacceptable risk or burden to members, affiliates, volunteers, contractors and to the ShareCare organization. If ShareCare terminates a membership for any reason other than non-payment of moneys owed, the balance of annual dues may be refunded.

The undersigned acknowledges an understanding of ShareCare membership and chooses to participate within this framework, the terms set forth in the by-laws, and those determined periodically by the Board of Directors.

\_\_\_\_\_ Print Name \_\_\_\_\_ Member Signature \_\_\_\_\_ Date

<b>\$25 Enrollment Fee</b>	
Type of card: _____	Name on card: _____
Credit Card #: _____	
Expiration: _____	3 digits: _____