

WELLESLEY NEIGHBORS

ONE-PERSON HOUSEHOLD APPLICATION

Please Print

Applicant: _____ DOB _____
Last First MI

Nickname: _____

Street/P.O.Box: _____ Unit# _____

Town: _____ Zip: _____

HomePhone: _____ Cell: _____ Email: _____

Secondary/Vacation address: _____

If employed, company: _____ Title: _____ Phone: _____

Emergency Contacts (in order of priority):

1. Name: _____
Address: _____
Phone: _____
Relationship: _____

2. Name: _____
Address: _____
Phone: _____
Relationship: _____

3. Name: _____
Address: _____
Phone: _____
Relationship: _____

Signed: _____ Date: _____

Please check one of the following:

Six-month Introductory Individual Fee \$220 _____

Annual Individual Fee \$440 _____

Mail a signed copy of the Application and the Membership Agreement, and a check to: Wellesley Neighbors ♦ 888 Worcester Street, #222 ♦ Wellesley, MA 02482