



**Methow at Home  
Membership Application Packet**

Thank you for your interest in becoming a Methow at Home ("MAH") member. We welcome you and hope that the services and opportunities we provide will be of help to you and will make it easier for you to remain in your home and in the community as long as possible.

**OUR MISSION: IS TO SUPPORT OUR MEMBERS WHO WANT TO  
AGE IN PLACE.**

**Please complete the following documents, which are attached:**

1. Membership Application
2. Membership Agreement
3. Member Information
4. Membership Agreement Signature Page

Please return these documents to:

**Methow at Home**  
PO Box 352  
Twisp, WA 98856  
[www.methowathome.org](http://www.methowathome.org)  
509-996-5844

**Methow at Home  
Membership Application**

**Member Information** (Please print clearly)

**Member #1:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**Member #2:** (same address): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information:**

**Local Contact** (not at your address): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

**Member #1 - Family Contact** (not at your address):

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

City/State: \_\_\_\_\_

**Member #2 - Family Contact** (not at your address):

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

City/State: \_\_\_\_\_

## **Methow At Home Membership Agreement**

**Methow at Home:** MAH offers services and opportunities that help its members continue to live in their own homes as long as possible and be actively engaged in our community's civic and cultural life. MAH is a non-profit 501(c)(3) organization.

**Services:** Services requested by members will be provided by volunteers, at no charge, who have been vetted and have undergone a background check. MAH does not guarantee that a volunteer will be available for the service/time requested. MAH will assist members in finding a vetted service provider if the scope of the member's request cannot be met by a volunteer. The member will be responsible for hiring and paying for any non-volunteer contractor/provider services directly. ***MAH does not provide emergency or health care services.***

**Membership Dues:** Annual membership dues are \$240 for an individual, and \$360 for a 2-person household at the same address. Dues are non-refundable unless MAH terminates this agreement, for whatever reason, in which case prorated dues will be returned. The annual renewal dues may change in the future. Dues are not tax deductible.

**Privacy:** Personal information will be protected as much as possible by MAH and its volunteers while reserving the right to contact the emergency contact people mentioned in your Membership Application should the need arise.

**Waiver of Liability:** Members agree to indemnify and hold MAH and its volunteers harmless for any loss, expense or liability arising out of activities resulting from this Agreement.

**Agreement in Full:** This Agreement represents the agreement in full between MAH and the undersigned Member(s).

## **Methow At Home Member Information**

*We are excited to serve you if you need assistance and support through MAH. In order for us to better meet your needs we'd like to strengthen our relationship through an in home **orientation visit**. The purpose of the visit will be to:*

- Introduce you to our services and coordinator
- Introduce you to MAH website to request services, if you have access to a computer
- Learn your expectations of MAH
- Invite you to become a volunteer to help other community members

***Here is a just partial list of services members might expect to receive:***

- **Manage your household.** Get access to: minor handyman services, peer-to-peer computer help, meal preparation or light housekeeping, someone to walk your dog, home visits, help de-cluttering your home, light gardening or snow shoveling
- **Stay active and healthy.** Benefit from programs designed for fun, learning and socializing: informal get-togethers for potlucks, conversation and sharing, discussion groups and local outings
- **Ask for a ride.** Members can ask for transportation to medical appointments, shopping, errands, social and educational events

**Membership Agreement Signature Page**

**As a Member of MAH, I understand that MAH is not a provider of emergency services or health care services and is not a health care administrator.**

First Member:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Second Member:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Methow at Home:

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Payment:**

Enclosed is my check in the amount of \$ \_\_\_\_\_  
payable to Methow At Home