

Cambridge at Home

doing business as



CAMBRIDGE NEIGHBORS

ARLINGTON BELMONT CAMBRIDGE SOMERVILLE WATERTOWN

Membership Application

Date: _____

Member Information

Name(s): _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

E-mail Address(es): _____

Date(s) of Birth: _____

What is your living situation? Alone Spouse/Partner Family/Friend

Do you have any special needs such as: Use wheelchair Use walker/cane Hearing impaired Vision impaired Other Please tell us more about your needs: _____

Payment Information

Full Service Membership* \$1,000.00 (one-person household) \$1,300.00 (two-person household)

Full Service Trial Membership ** \$500.00 (one-person) \$650.00 (two-person)

Full Membership + Community Service Volunteer* \$750.00 (one-person) \$1,000.00 (two-person)

Gateway Membership* \$500.00 (one-person) \$650.00 (two-person)

**I/we understand that my/our membership fee is nonrefundable and is valid for one year.*

***I/we understand that my/our membership fee is nonrefundable and is valid for six months.*

Check MasterCard Visa American Express

Card #: _____ Ex.(mm/yyyy): _____ Sec. Code: _____

Cardholder Name: _____ Signature: _____

Membership Directory

The CAH Membership Directory is distributed on an annual basis to CAH members only. We will include your name, address, phone number and email address unless you indicate otherwise.

Monthly Newsletter

Would you like to help conserve resources by having your monthly newsletter via e-mail?

Yes! No - Please send via U.S. Mail.

Emergency Contact Information - Please provide 2 contacts for the office.

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____