

# 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: \_\_\_\_\_