



Member Information
Membership Application

Name(s): _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Email Address(es): _____

Date(s) of Birth: _____

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

Where did you hear about us? _____

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: _____

Please tell us about your interests: _____

Payment Information

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

Full Service Trial Membership ** \$550.00 (one-person) \$700.00 (two-person)

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

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

Gateway Membership + Volunteer* \$375.00 (one-person) \$488.00 (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 CN Membership Directory will be distributed to CN members only. We will include your name, address, phone number and email address unless you indicate otherwise. Please do not include me in your directory.

Monthly Newsletter

We will mail you a paper copy of our monthly calendar. Would you also like a copy emailed to you? Yes No, paper only.

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

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____