



206 Waltham St.
 West Newton, MA 02465
 Phone: 617-795-2560
 Website: newtonathome.org
 Email: info@newtonathome.org

Membership Agreement Form

Individual **Household**

Date: ____/____/____
 Month Day Year

| | | | | | | | |
|--|--|---|--------------|---|------------|------------|--|
| Last Name: _____ | | First Name: _____ | | M <input type="checkbox"/> F <input type="checkbox"/> | | DOB: _____ | |
| Home Address: _____ | | | | | | | |
| City: _____ | | | State: _____ | | Zip: _____ | | |
| Home Phone: (____) _____ | | | | Cell Phone: (____) _____ | | | |
| Email address: _____ | | | | | | | |
| Secondary Address: _____ | | | | | | | |
| Preferred Method of Contact: _____ | | | | | | | |
| ----- | | | | | | | |
| Additional Household Member (if applicable): | | | | | | | |
| Full Name: _____ | | M <input type="checkbox"/> F <input type="checkbox"/> | | DOB: _____ | | | |
| Cell Phone: _____ | | | | Email Address: _____ | | | |

| | |
|---------------------------|----------------|
| Emergency Contact: | |
| Name: _____ | Phone: H _____ |
| Relationship: _____ | W _____ |
| Address: _____ | C _____ |
| Email Address: _____ | |

Primary Care Physician: _____

Insurance: Medicare Yes No

 Other _____

Preferred Hospital: _____

Assistive Devices: W/C Walker Cane Hearing Aid Glasses O2

| | | |
|-------------------------|---------------------------------|-------|
| Membership Fees: | Individual, paid annually | \$725 |
| | Household, paid annually | \$850 |
| | Individual 6 month introductory | \$295 |
| | Household 6 month introductory | \$385 |
| | Breakaway, Household | \$640 |
| | Breakaway, Individual | \$540 |

Please make checks payable to Newton at Home
6-month introductory memberships are non-refundable

NEWTON AT HOME LIABILITY AGREEMENT

In order for Newton at Home to monitor its members' needs and levels of satisfaction, I authorize third-party providers to share non-medical data with NAH about the services I use. NAH reserves the right to be in touch with members' emergency contacts in case of situations of health or safety concern.

As a member of Newton at Home, I hereby release and discharge Newton at Home from personal responsibility or liability for services rendered by Newton at Home staff, volunteers or third parties acting on its behalf.

I have read the above carefully, and am pleased to become a member of Newton at Home under the terms and conditions described.

Print Name

Print Name

Signature

Signature

Performing Arts

- Classical Music
- Jazz
- Opera
- Chamber Music
- Theater
- Dance
- Movies

General Interest Topics

- Art
- Reading/Book Clubs
- Museums
- History
- Personal Finance
- Cooking
- Restaurants
- Current Events/Politics
- Computers
- Sports
- Health & Wellness
- Travel
- Genealogy

Nature and Environment

- Nature
- Birding
- Conservation
- Gardening

Fitness Activities

- Yoga
- Tai Chi
- Exercise
- Walking
- Hiking
- Kayaking
- Tennis

Crafts & Hobbies

- Knitting
- Handcrafts
- Painting: oils watercolor
- Sketching
- Photography
- Woodworking
- Chess
- Scrabble
- Canasta
- Mah Jong
- Poker
- Bridge