



206 Waltham St. 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: _____						

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: _____

Membership Fees:	Individual, paid annually	\$660
	Household, paid annually	\$780
	Individual 6-month introductory	\$295
	Household 6-month introductory	\$350
	Breakaway, Household	\$585
	Breakaway, Individual	\$495
<ul style="list-style-type: none"> • Checks payable to Newton at Home • 6-month Introductory memberships are non-refundable 		

Membership Directory: All member names will be entered into a Membership Directory. We will also automatically include your address, phone number and email address in the Directory unless you check one or more of the following boxes:

Please do not include:

- Member #1 Address Phone # Email address
 Member #2 Address Phone # Email address

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 (serious) 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

Member Interests

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
- _____ Mahjong
- _____ Poker
- _____ Bridge