Cambridge at Home Full Service Membership Application

Name(s):				Date:
Address:	1. Member Information			
Address:	Name(s):			
Home Phone:				
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 Other Please tell us more about your needs:				
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:	E-mail Address(es):			
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: 2. Payment Information Full Service Membership* \$1,000.00 (one-person household) \$1,300.00 (two-person household) Full Membership* \$500.00 (one-person) \$500.00 (two-person) \$1,000.00 (two-person) Gateway Membership* \$500.00 (one-person) \$500.00 (two-person) Viwe understand that my/our membership fee is nonrefundable and is valid for one year. Cardholder Name: Signature: Signature:	Date(s) of Birth:			
impaired Other Please tell us more about your needs: 2. Payment Information Full Service Membership* \$1,000.00 (one-person household) \$1,300.00 (two-person household) Full Membership* \$500.00 (one-person) \$1,000.00 (two-person) Gateway Membership* \$500.00 (one-person) \$1,000.00 (two-person) Gateway Membership* \$500.00 (one-person) \$500.00 (two-person) "We understand that my/our membership fee is nonrefundable and is valid for one year.	What is your living situation?	ne 🗆 Spouse/Partner 🗆 Family/	Friend	
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Card #: Ex.(mm/yyyy): Sec. Code: Cardholder Name: Signature: 3. Membership Directory The CAH Membership Directory is distributed on an annual basis to CAH members only. It lists the names and contact information of all members who wish to be included and its purpose is to help foster member-to-member communication. We will include your name, address, phone number and email address unless you indicate otherwise. 4. 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. 5. Emergency Contact Information - <i>Please provide 2 contacts for the office.</i> 1. Name: Relationship: Address:	Full Membership + Community Serv Gateway Membership* □ \$500.00 (ice Volunteer* □ \$750.00 (one-per one-person) □ \$650.00 (two-persor	rson) 🗆 \$	1 /
Cardholder Name:	□ Check □ MasterCard □ Vi	isa 🛛 American Express		
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	Address:			