

Cambridge at Home
Full Service Membership Application

Date: _____

1. 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: _____

2. Payment Information

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

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.*

☐ Check ☐ MasterCard ☐ Visa ☐ American Express

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 - Please provide 2 contacts for the office.

1. Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____