



Membership Application

Name(s): _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Email Address(es): _____

Date(s) of Birth: _____

Former/Current Occupation: _____

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: _____

Please tell us about your interests or any programs you would like to see added: _____

How did you hear about us?: _____

Payment Information

Full Service Membership* \$1,100.00 (one-person household) \$1,400.00 (two-person household) or
Automatic Monthly CC Installments: \$93.00 single/\$118.00 couple

Full Service Trial Membership ** \$600.00 (one-person) \$750.00 (two-person) *Monthly installments not applicable.*

Full Membership + Volunteer* \$850.00 (one-person) \$1,075.00 (two-person) or
Automatic Monthly CC Installments: \$72.00 single/\$92.00 couple

Gateway Membership* \$550.00 (one-person) \$700.00 (two-person) or
Automatic Monthly CC Installments: \$47.00 single/\$60.00 couple

Gateway Membership + Volunteer* \$425.00 (one-person) \$538.00 (two-person) or
Automatic Monthly CC Installments: \$37.00 single/\$47.00 couple

Tech Help Surcharge for Gateway Members Additional \$225.00

**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 Credit Card: **PLEASE SEE CREDIT CARD RELEASE FORM**

Membership Directory

The CAH Membership Directory will be distributed to CAH 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? No, paper only. Yes

Emergency Contact Information *Please provide two contacts for the office.*

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ E-mail: _____

OFFICE USE ONLY: Membership starts: _____ Membership Renewal Date: _____

CE QB ML BD CC PDF Int

Cambridge Neighbors, Inc.

Membership Agreement

Terms: Cambridge Neighbors (CN), formerly Cambridge at Home, is a non-profit 501(c)(3) corporation, founded by Cambridge residents, dedicated to helping its members live life to the fullest in their own homes as they grow older. To this end, CN has arranged to offer its members, primarily through third-party providers, many of the activities and services available to residents of conventional high-quality retirement communities.

Membership begins when you sign this agreement and return it to the office with the applicable fee. This fee is non-refundable.

As a Full-service CN member,* you are entitled to all of the attributes and benefits of membership. CN acts on behalf of its membership to identify the activities and services most in demand. CN has identified strategic partners and other providers capable of delivering such activities and services under conditions of strict quality control, at convenient times and places, and often at reduced prices.

As a CN member, you will contract directly with and be billed for services by third-party providers. One of CN's primary functions is to ensure the highest possible member satisfaction with the activities and services provided. CN, however, will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by CN.

Agreement: In order for Cambridge Neighbors to monitor its members' needs and levels of satisfaction, I authorize third-party providers to share non-medical data with CN staff and that the staff may consult my contacts in case of health or safety concerns.

Payment of the membership fee constitutes an agreement to (i) I HEREBY RELEASE AND DISCHARGE CAMBRIDGE NEIGHBORS FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS OR VOLUNTEERS, AND (ii) I AGREE TO HOLD CAMBRIDGE NEIGHBORS HARMLESS FROM AND AGAINST ANY COST, EXPENSES OR DAMAGES (INCLUDING WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES) ARISING IN CONNECTION WITH ANY AND ALL CLAIMS BROUGHT BY OR THROUGH ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

I/we have read the above carefully, and I am/we are pleased to become a member(s) of Cambridge Neighbors under the terms and conditions described.

Name (Print)

Signature

Date

Name (Print)

Signature

Date

**Gateway membership offers access to all programming and events., but no services.*



CAMBRIDGE NEIGHBORS

ARLINGTON BELMONT CAMBRIDGE SOMERVILLE WATERTOWN

Credit Card Authorization Form for Membership and/or Activity Fees. (optional)

I authorize a one-time charge (or regularly scheduled charges) to my credit card for the purposes of payment of membership fees due to Cambridge Neighbors.

I understand that my membership obligation is for one year unless otherwise noted, and that my membership fee is non-refundable.

Please charge my credit card for my membership/renewal membership fee.

Visa Mastercard Discover

One time charge of \$ _____

Automatic Monthly Installment Charge of \$ _____

(This charge will go through within the first week of each month)

Cardholder Name: _____

Account #: _____

Expiration Date: _____

CVV: _____

I understand that this authorization will remain in effect through the length of my scheduled membership term. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date: _____

I authorize Cambridge Neighbors to keep my credit card on file for the purpose of payments for CN outings that charge a fee.

(You may pay by cash or check any time you choose. Please just inform the CN office.)

See information above.

Visa Mastercard Discover

Cardholder Name: _____

Account #: _____

Expiration Date: _____

CVV: _____

I understand that this authorization will remain in effect through the length of my scheduled membership term. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date: _____