



CAMBRIDGE NEIGHBORS

ARLINGTON BELMONT CAMBRIDGE SOMERVILLE WATERTOWN

Scholarship Agreement Form 2024-2025

Thank you for your membership with Cambridge Neighbors and for your participation in building a community known for life enrichment, generosity of spirit and mutual support of fellow members.

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: _____

How did you hear about us?: _____

Monthly Event Calendar & Quarterly 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 email address: _____

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: _____

Tax Deductible Contribution

Membership dues cover 65% of Cambridge Neighbors' annual budget. Would you like to make a tax deductible contribution to help Cambridge Neighbors continue to be a self-sustaining nonprofit? \$ _____

Please complete back page. 

OFFICE USE ONLY

Membership starts: _____ Membership Renewal Date: _____

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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.

As a Scholarship 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.

Signing below 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