

206 Waltham St. West Newton, MA 02465 Phone: 617-795-2560 Website: newtonathome.org Email: info@newtonathome.org

Membership Agreement Form

| Individual 🛛 Household 🛛 | Da | ite: | / | | / |
|--|----------|------|---------|------|------|
| | | | Month | Day | Year |
| Last Name: First Name: | | | M 🗆 F 🗆 | DOB: | |
| Home Address: | | | | | |
| City: S | State: Z | ip:_ | | | |
| Home Phone: () Cell | Phone: (|) | | | |
| Email address: | | | | | |
| Secondary Address: | | | | | |
| Preferred Method of Contact: | | | | | |
| | | | | | |
| Additional Household Member (if applicable): | | | | | |
| Full Name: M 🗆 F | DOB: | | | | _ |
| Cell Phone: Email Address: | | | | | |
| Emergency Contact: | | | | | |
| Name: | Phone: H | ł | | | |
| Relationship: | W | V | | | |
| Address: | _ C | 2 | | | |
| Email Address: | | | | | |

| Primary Care Phy | vsician: _ | | | | | | | |
|------------------|------------|-------|-------------|------|-------------|---------|----|--|
| Insurance: Med | licare | Yes D |] No [| | | | | |
| Othe | er | | | | | | | |
| Preferred Hospit | al: | | | | | | _ | |
| Assistive D | evices: | W/C | Walker | Cane | Hearing aid | Glasses | 02 | |
| Membership | Fees: | | dividual, p | | - | \$725 | | |

| Membership Fees: | Individual, paid annually | \$725 | | | |
|---|---------------------------------|-------|--|--|--|
| | Household, paid annually | \$850 | | | |
| | Individual 6-month introductory | \$450 | | | |
| | Household 6-month introductory | \$525 | | | |
| | Breakaway, Household | \$640 | | | |
| | Breakaway, Individual | \$540 | | | |
| Please make checks payable to Newton at Home | | | | | |
| 6-month introductory memberships are non-refundable | | | | | |
| | | | | | |

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 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

Revised: 7/16/2018

Page 2 of 3

| Performing Arts | Nature and Environment |
|-------------------------|------------------------|
| Classical Music | Nature |
| Jazz | Birding |
| Opera | Conservation |
| Chamber Music | Gardening |
| Theater | Fitness Activities |
| Dance | Yoga |
| Movies | Tai Chi |
| | Exercise |
| General Interest Topics | Walking |
| Art | Hiking |
| Reading/Book Clubs | Kayaking |
| Museums | Tennis |
| History | Crafts Q Habbias |
| Personal Finance | Crafts & Hobbies |
| Cooking | Knitting Handcrafts |
| Restaurants | Painting: watercolor |
| Current Events/Politics | Sketching |
| Computers | Photography |
| Sports | Woodworking |
| Health & Wellness | Chess |
| Travel | Scrabble |
| Genealogy | Canasta |
| | Mah Jong |
| | Poker |

____ Bridge