



— AT HOME IN —
ALEXANDRIA

3139 Mt. Vernon Avenue, Alexandria, VA 22305

(703) 231-0824

aha@athomeinalexandria.org

Membership Agreement

I am interested in becoming a member of AHA. I have read the Membership Agreement on the reverse side carefully, and I agree to the stated terms and conditions. PLEASE PRINT CLEARLY.

Mr., Ms., Mrs. _____
(Please circle one) Name (First, Last) Age Date of Birth

Mr., Ms., Mrs. _____
(Please circle one) 2nd Name (if part of a household) Age Date of Birth

Street Address Unit City State Zip

Phone Number (home) Phone Number (cell)

email address #1 email address #2 (if applicable)

Membership Type	2019 Yearly Payment*	2019 Split Payment**
_____ Single Membership	<input type="checkbox"/> \$600	<input type="checkbox"/> \$300
_____ Household Membership	<input type="checkbox"/> \$850	<input type="checkbox"/> \$425

**Membership fees are not tax deductible **Second payment is due 6 months from start of membership cycle*

I would like to include a donation to AHA (fully tax deductible) of \$ _____ TOTAL PAID \$ _____

Check Number: _____ make check payable to "At Home in Alexandria" and return with this form to: AHA, 3139 Mt Vernon Ave, Alexandria, VA 22305-2669

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature Date 2nd Signature (if Household) Date

So that we may better serve you, please provide the following additional information:

1) Local Emergency Contact Name Relationship Phone Number

Address email

2) Next-of-Kin or Power of Attorney Relationship Phone Number

Address email

3) Primary Care Provider Name Phone Number

If you have pets, please state type (cat/dog/bird), breed and name(s): _____

Is there anything we should know before we come for the home visit? (visible house numbers, parking, access codes, etc.) _____

How did you hear about AHA? _____

Reason for joining AHA? _____

May we send you periodic email notices and event reminders? Yes No (if yes, include email above)

Would you be interested in becoming an AHA volunteer? Yes No Not at this time

Membership Agreement

Overview

At Home in Alexandria (AHA) is a non-profit, tax exempt, 501(c)3 organization formed to respond to the non-medical needs of Alexandria's growing population of people 55 years and older. AHA's objective is to provide a range of reliable services enabling members to remain independent, in their own homes/apartments and neighborhoods, enjoying their favorite activities and continuing to be involved in their community. Membership is available to people residing in the area bordered by Cameron Run to the South, Four Mile Run to the North, Howard and Jordan Streets to the West (past Alexandria Hospital) and the Potomac River to the East. AHA welcomes all, and does not discriminate on the basis of race, color, religion, gender, gender expression, national origin, or sexual orientation.

Services

- Transportation (to/from appointments, meetings, grocery store, cleaners)
- Errands (pick up prescriptions, groceries)
- Home maintenance (simple repairs, change light bulbs) and Outdoor services(gardening help/advice, snow/leaf removal)
- Technology assistance (computers/laptops, printers, cell phones, thermostats)
- Organization/decluttering (manage checkbook, help with organizing files/cabinets)
- Personal connections (check-in calls, friendly visits, reading aloud)
- In-home convenience (occasional help due to brief absences or incapacity) – water plants, pet care, mail
- Social events, outings and programs
- Referrals to recommended/vetted vendors

Privacy

AHA will take all reasonable steps to protect the personal information of its members. However, where concerns regarding a member's health or safety arise, AHA reserves the right to contact the individual(s) listed as local emergency contact, next-of-kin or power of attorney, or other appropriate people, as determined by AHA. In addition, to connect a member with a third-party vendor at the member's request, AHA may disclose contact and other relevant information. Note that if you attend AHA events you may appear in photos from the event, which may, periodically, appear in the AHA publications.

Waiver of Liability

AHA strives to ensure the highest possible member satisfaction with the activities and services provided. However, under no circumstances will AHA assume any direct or indirect responsibility or liability in connection with services contracted for by members with third party providers recommended by AHA. I understand that AHA is not affiliated with the third party vendors it may recommend, and I release AHA from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold AHA harmless for any loss, expense or liability arising out of the activities of its employees or volunteers, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence, personal injury or invasion of privacy.

Terms and Conditions of Membership

Full AHA membership (which includes receiving services) does not begin until completion of a home visit by staff and/or volunteers. Even if payment is submitted in advance of the home visit, charges for and actual membership do not commence until the day following the home visit.

Membership is approved at the sole discretion of AHA, based on its ability to serve the member's non-medical needs. AHA reserves the right to terminate this agreement, at any time, if AHA determines that it is in the best interest of AHA, its volunteers, other members or this member(s). If AHA terminates this agreement, AHA will provide a 30-day notice and will return a portion of the annual fee paid on a prorated basis from the month of termination. The member(s) may terminate this agreement at any time by providing written notice to AHA. If the member(s) terminate(s) this agreement, no portion of the annual fee shall be refunded.

AHA Confirmation of Membership – FOR AHA OFFICE USE ONLY

AHA Office Signature

Date