



# Membership Agreement

Thank you for your interest in AHA membership. Please read both sides carefully before signing.  
**PLEASE PRINT CLEARLY.**

Date \_\_\_\_\_

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

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

Street Address Unit City State Zip

Phone Number (home) Cell Phone Number (cell) Cell Phone Number #2 (if applicable)

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

<u>Membership Type</u>	<u>2021 Yearly Payment*</u>	<u>2021 Split Payment**</u>
_____ Single Membership	\$600	\$300
_____ Household Membership	\$850	\$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

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_ 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? \_\_\_\_\_

What is your reason for joining AHA? \_\_\_\_\_

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

How would you prefer to receive AHA's monthly newsletter?  Printed & mailed.  I will print the email version.

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



# Membership Agreement

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 helping 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, Van Dorn Street to the West 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 staff and volunteers 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. AHA will share information necessary to provide volunteer services. 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, its employees and volunteers from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold AHA harmless for any illness, loss, expense or liability arising out of the activities of its employees or volunteers. These include, but are 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 application is processed and approved.**

Membership is approved at the sole discretion of AHA, based on its ability to safely 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 employees, 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. I have read and agree to these terms.

\_\_\_\_\_  
Your Signature (single member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature (second Household member)

\_\_\_\_\_  
Date

*AHA Confirmation of Membership – FOR AHA OFFICE USE ONLY*

\_\_\_\_\_  
AHA Office Signature

\_\_\_\_\_  
Date