



PO Box 422
Jaffrey, NH 03452
Phone: 603-371-0809
Website: monadnockathome.org
Email: help@monadnockathome.org

Membership Agreement Form

Individual Household

Date: _____

Primary Member:

Last Name: _____ First Name: _____ M F DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Secondary Address: _____

Are you still driving? Yes No Any restrictions? _____

Secondary Member:

(Additional Household Member - if applicable)

Full Name: _____ M F DOB: _____

Cell Phone: _____ Email Address: _____

Are you still driving? Yes No Any restrictions? _____

Emergency Contact:

Name: _____ Phone: H _____

Relationship: _____ W _____

Address: _____ C _____

Email Address: _____

How did you hear about Monadnock at Home? _____

Interested in lending a hand to fellow members through volunteering? Yes No

What are your two most important reasons for joining Monadnock at Home? _____

Primary Care Physician: _____

Physician's phone number: _____

Insurance: Medicare Yes No Other: _____

Preferred Hospital: _____

Annual Membership Fee:	Individual	\$395
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	Household of 2 or more individuals	\$495
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(Reduced fees available for those who qualify)

Checks payable to: Monadnock at Home

MaH acts on behalf of its membership to identify the activities and services most in demand and has identified area providers capable of delivering such activities and services at convenient times and places, under conditions of strict quality control and often at reduced prices. All service providers recommended or sent to members' homes by MaH will be from known, reputable companies or will have passed a background check.

MaH members contract directly with and are billed for services by third-party providers and receive preferred treatment from those providers. One of MaH's primary functions is to ensure the highest possible member satisfaction with the activities and services provided. MaH, however, cannot assume any direct or indirect responsibility or liability in connection with services for which members have contracted with third party providers that MaH recommends.

LIABILITY AGREEMENT: In order for Monadnock at Home to monitor my/our needs and levels of satisfaction, I/we authorize third-party providers to share non-medical data with MaH about the services I/we use. MaH reserves the right to be in touch with my/our emergency contacts in case of situations of (serious) health or safety concern.

As a member of Monadnock at Home, I/we hereby release and discharge Monadnock at Home from personal responsibility or liability for services rendered by Monadnock at Home staff, volunteers or third parties acting on its behalf.

I/we have read the above carefully and hereby request membership in Monadnock at Home under the terms and conditions described.

Termination Of Agreement: MaH reserves the right, at its sole discretion, to terminate this agreement, following 30-day prior written notification, if it determines that it is in the best interest of MaH, its volunteers, other Members or the undersigned Member(s). If MaH terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination. The undersigned Member(s) may terminate this agreement at any time, by providing written notice to MaH. If the Member(s) terminate(s) this agreement, no portion of the annual fee shall be refunded.

I/we understand that MaH is not a provider of emergency services or health-care services, is not a health-care administrator, and does not employ licensed health professionals or social workers.

Photo Release: At times our newsletter or web site may include group photos of program attendees. We do check in with members for additional permission if printing for feature articles or pictures.

I consent to the use by Monadnock at Home of my photo in the above manners.

I do NOT consent - Please do NOT use my photo in the MaH newsletter or web site:

I/we have read these Terms and Agreement and hereby join Monadnock at Home under the terms and conditions herein described.

Print Name

Print Name

Signature

Signature