

## **Membership Application**

Name:		
Address:		
Home Phone:	Cell/mobile:	
Preferred method of contact:		
Emergency Contacts I:		
Relationship:		
Address:		
	Phone:	
Address:		
	would like us to note:	
Children (name and contact information):		
Name:	Phone:	
Address:	City:	
State: Zip: Email:		
Name:	Phone:	
Address:	City:	
State: Zip: Email:		

Known health issues:
Lifeline: Yes: No: First contact:
Primary doctor:
Birthday:
Social interests:
Wilton affiliations:
Wilton contact:
Relationship:Phone:
Member who suggested you join us:
Would you also like to volunteer? Yes: No:
Services that will be accessible include Household Services, Transportation, and Social Programs. These services are to be provided on a volunteer basis, and best efforts will be made to assure that these services are provided in a timely, safe and proper manner, recognizing that an occasional mistake will be made for which Stay at Home in Wilton is not liable. Recommended contractor services are solely provided by the contractor, and our participation is only to assure that the contractors are properly licensed and insured.
Member acknowledges and agrees that Stay at Home in Wilton is not responsible for any damages or liabilities that result from Member's use of Stay at Home in Wilton's services.
Signed by Member: Date:
Send completed form with a check to Stay at Home in Wilton, or visit <u>www.stayathomeinwilton.org/paydues</u> to pay by debit or credit card online.

Stay at Home in Wilton, Inc. P.O. Box 46 Wilton, CT 06897-0046 203-762-2600 www.stayathomeinwilton.org

One individual in a home: **\$360**Two individuals in a home: **\$480**