

## Membership Application/ Contact Information Form

	Cell/mobile:	
ontact:		
<b>:</b>		
	Phone:	
	Phone:	
tact information):		
	Phone:	
	City:	
Email:		
	ontact:	(someone outside your home, i.e. friend or neighbor):  Phone:  or home issues you would like us to note:  tact information): Phone:  City:  Email:

Known health issues:	
Primary doctor:	
Birthday:	
Social interests:	
Wilton affiliations (clubs, organizations, church, synagogu	
Member who suggested you join us:	
Would you also like to volunteer? Yes: No:	
Area of interest:	
Services that will be accessible include Household Services, These services are to be provided on a volunteer basis, and services are provided in a timely, safe and proper manner, remade for which Stay at Home in Wilton is not liable. Recommondation, and our participation is only to assure that the contractor, and our participation is only to assure that	best efforts will be made to assure that these ecognizing that an occasional mistake will be mended contractor services are provided by the
Member acknowledges and agrees that Stay at Home in Williabilities that result from Member's use of Stay at Home in	
Signed by Member:	Date:
I am an existing member updating my information.	
I am applying for membership with this form.	
Please note: all fields marked with asterisks are require	red for the form.
For new members, please send completed form with a	a check to Stay at Home in Wilton, or visit

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

www.stayathomeinwilton.org

www.stayathomeinwilton.org/paydues to pay by debit or credit card online.

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