



MEMBERSHIP APPLICATION

We are pleased that you have expressed interest in becoming a Valley Neighbors Member. Please complete this application and return a printed and signed copy to Valley Neighbors, PO Box 281, Whately, MA 01093. If you have questions, please email info@valleyneighbors.org or call 413 453-9057 and leave a message, and we will get back to you soon.

Membership type:

Individual Membership \$50 first year is free*

Household Membership \$75 first year is free*

Member 1

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

What is the best way to reach each member?

Home Phone Cell Phone Email

Member 2

First Name: _____

Last Name: _____

Email: _____

Cell Phone: _____

Home Phone Cell Phone Email

Home Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone: _____ Additional Phone: _____

* Thanks to support from generous grants from the Massachusetts Community Health and Healthy Aging Funds, and Cooley Dickinson Health Care, free memberships are available for a limited time. Sign up today! Donations are also always appreciated.

Emergency Contacts:

Please provide the name of family members who should be contacted in case of an emergency.

Name _____

Relationship _____

Phone Number _____ Email _____

Name _____

Relationship _____

Phone Number _____ Email _____

Once we have received and reviewed the above information, we will be contacting you. All members must have an initial orientation by a Valley Neighbors representative to introduce them to membership benefits in more detail and discuss the types of assistance you feel you may need. An appointment will be scheduled at your convenience.

Each applicant signing below agrees to the following:

I am age 60 or older and reside in Whately, Deerfield, or Sunderland, Massachusetts. I hereby release Valley Neighbors and its representatives from and indemnify them against all responsibility of liability for services rendered to me by any employees, volunteers and third-party providers.

Signature _____ Date _____

Signature _____ Date _____

Please sign and mail your completed application to: Valley Neighbors, P.O. Box 281, Whately MA 01093

Valley Neighbors (VN) is a 501(c)(3) non-profit community organization.

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www.valleyneighbors.org

email: info@valleyneighbors.org

phone: 413-453-9057