



# Membership Application

703-303-4060 • P.O. Box 7493, Alexandria, VA 22307 • [info@mountvernonathome.org](mailto:info@mountvernonathome.org)

Tax ID #77-0693566 • [www.mountvernonathome.org](http://www.mountvernonathome.org)

## Mount Vernon At Home Mission Statement

*Our mission is “to build a village of caring friends and volunteers offering solutions to support the lifetime independence of our members allowing them to age in place.”*

PLEASE PRINT:

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Member Name(s)

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Street Address

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City

State

Zip

---

Community/Subdivision name

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Date of Birth

Telephone number: \_\_\_\_\_

Cell phone number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Mount Vernon At Home?

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*Mount Vernon At Home is open to all residents of our service area. There is no minimum or maximum age for membership and we serve members from every ethnic and cultural group that make up the diverse Mount Vernon community. We thank you for your membership and look forward to serving you!*

Mount Vernon At Home maintains contact with members through periodic communications by phone, email and USPS mail. To facilitate our mission to inform and serve members, Mount Vernon At Home maintains member home address, email address, telephone number and emergency contact information on file. This information is solely for the purpose to serve our membership. It will not be shared with third parties. The information below will help us to provide quality service.

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Emergency Contact/Relationship

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Phone

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Address:

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Emergency Contact/Relationship

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Phone

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Address:

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Primary Care Physician Name

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Phone

Pet(s) \_\_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_

Currently Driving? \_\_\_\_ Yes \_\_\_\_ No      Transportation needs? \_\_\_\_ Yes \_\_\_\_ No

Household Needs? \_\_\_\_\_

Care Needs? \_\_\_\_\_

Do you walk with:    Unaided \_\_\_\_\_      Cane \_\_\_\_\_      Walker \_\_\_\_\_

Do you need any physical assistance to participate in Mount Vernon At Home activities or transportation services? \_\_\_\_ Yes \_\_\_\_ No      If yes, what help can we provide?

\_\_\_\_\_

Do you have a personal life alert system? \_\_\_\_ Yes \_\_\_\_ No

For your convenience, our annual membership fee may be paid by personal check or credit card. Please check the appropriate membership and payment categories:

Payment in full by personal check	Single-person household: _____ \$700.00
	Two-person household: _____ \$950.00
Payment in full by credit card**	Single-person household: _____ \$721.00
	Two-person household: _____ \$978.00
Semiannual payment by credit card**	Single-person household: _____ \$360.00
	Two-person household: _____ \$489.00
Quarterly payment by credit card**	Single-person household: _____ \$180.00
	Two-person household: _____ \$244.00

\*\* 3% fee to pay by credit card

Mount Vernon At Home accepts VISA, MasterCard, American Express, and Discover payments. Please call our office (703-303-4060) to arrange credit card payments. Semiannual or quarterly payments will be automatically billed to your credit card.

I/We understand that this is an annual membership and I/we are responsible for payment in full of the annual fee. Membership fees are nonrefundable.

Printed name	Signature	Date
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Printed name	Signature	Date
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Please mail this form to: Mount Vernon At Home  
P.O. Box 7493  
Alexandria, VA 22307-7493

*Thank you for joining!*

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