



# Associate Membership Application Form

703-303-4060 • P.O. Box 7493, Alexandria, VA 22307-7493  
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## 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."*

“Associate Members” of our Village will enjoy *all* of Mount Vernon At Home’s social, cultural, wellness, and educational events. It’s a growing way to support Mount Vernon At Home as a vital community resource and have fun at the same time! You are also welcome and encouraged to participate as a “Volunteer” for our Village. Thank you, *in advance*, for reaching out to our office to discover more about our Volunteer Opportunities!

\_\_\_\_\_ Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_ Email Address (1)

\_\_\_\_\_ Mailing Street Address \_\_\_\_\_ Email Address (2)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_ Community/Subdivision Name \_\_\_\_\_ Date of Birth for (1) \_\_\_\_\_ Date of Birth for (2)

Home Phone: \_\_\_\_\_ Cell Phone(1): \_\_\_\_\_ Cell Phone(2): \_\_\_\_\_

**Emergency Contact Name & Telephone #'s:** \_\_\_\_\_

**Associate Members (previously called “Friends Members”) Annual Fee** is \$325 for a single membership and \$350 for 2 living in the same household. Of these amounts, \$50 is retained as an Administrative Fee and the remaining (\$275 for single OR \$300 for two in same household) is considered a “Donation” and may be tax deductible. For your convenience, our Membership Fee may be paid by personal check or credit card (VISA, MasterCard, American Express, and Discover). Please call our office (703-303-4060) to arrange a credit card payment if you prefer, but please note: there will be an add’l. 3% fee Administrative Fee charged if you elect to pay by credit card. I/We understand that this is a 12-month Membership which begins on your date of payment. *Membership fees are nonrefundable.*

\_\_\_\_\_ (1) Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ (2) Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (3/2020)