



Membership Application

703-303-4060 – P.O. Box 7493, Alexandria, VA 22307 – info@mountvernonathome.org
Tax ID #77-0693566 – 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 and allowing them to age successfully in place.”

PLEASE PRINT:

1st Member:

2nd Member:

Member Name(s) residing in same household

Street Address

City

State

Zip

Community/Subdivision Name

1st Member Date of Birth

Home Phone Number: _____

2nd Member Date of Birth

Cell Phone Number 1st Member: _____ 2nd Member: _____

Email Address 1st Member: _____ 2nd Member: _____

Please note: The above names and contact information will be shared with other MVAH members. If you do not want this information shared, please check here: _____.

MVAH reserves the right to publish photos of our members for use on our website, and in marketing or promotional materials. If you do not want your image used in any way, please check here: _____.

How did you hear about Mount Vernon at Home?

What names would you like on your Mount Vernon *at Home* nametags?

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

Membership Fees

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

FULL MEMBERSHIP	FULL MEMBERSHIP
Payment by Personal Check	Payment by Credit Card*
Payment in Full:	Payment in Full:
Individual: ____ \$550 2-person Household: ____ \$850	Individual: ____ \$567* 2-person Household: ____ \$876*
Semi-Annual Payments:	Semi-Annual Payments
Individual: ____ \$300 2-person Household: ____ \$450	Individual: ____ \$309* 2-person: ____ \$464*
Quarterly Payments:	Quarterly Payments:
Individual: ____ \$162 2-person Household: ____ \$237	Individual: ____ \$167* 2-person Household: ____ \$244*

ASSOCIATE MEMBERSHIP	ASSOCIATE MEMBERSHIP
Payment by Personal Check	Payment by Credit Card*
(Social Events Only, this includes NO Service Support)	(Social Events Only, this includes NO Service Support)
*Individual: ____ \$250 *2-person Household: ____ \$350 * This amount, minus a \$50 Admin. Fee, is a Charitable Donation.	*Individual: ____ \$258* *2-person Household: ____ \$361* * This amount, minus 3% fee & \$50 Admin. Fee, is a Charitable Donation.

**Fees paid with a credit card include a 3% convenience fee.*

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

I/We understand that this is an Annual Membership and I/we understand we are responsible for payment in full of the Annual Fee, even if I/we elect to pay in increments less than one full year in advance. Membership fees are nontransferable and will begin on the date of your initial payment and upon acceptance of your Application by our Executive Director and Membership Committee.

Members of Mount Vernon *at Home*, Inc. understand that Mount Vernon *at Home*, Inc. is not affiliated with suggested third-party vendors, and release Mount Vernon *at Home*, Inc. from all responsibility or liability stemming from the conduct of third-party providers. Members further indemnify and agree to hold Mount Vernon *at Home*, Inc. harmless for any loss, expense or liability arising out of the activities of its employees and/or volunteers, including but not limited to any action Member, his/her heirs and assigns, or Member's insurance company might bring for negligence, person injury or privacy. As a member of Mount Vernon *at Home*, Inc., Members understand that Mount Vernon *at Home*, Inc. is not a provider of emergency services or health care services, and is not a health care administrator. Signed and agreed to by:

Member(s) Joining:

_____ 1 st Member Printed Name	_____ Signature	_____ Date
_____ 2 nd Member Printed Name	_____ Signature	_____ Date

Please mail this form to:

**Mount Vernon *at Home*
P.O. Box 7493,
Alexandria VA 22307-7493**

Thank you for joining!