

Membership Application

270-331-9288

General Information

info@madetostay.org

Dr. / Mrs.	Mr. / Ms.	Last Name	First Name	Middle
Home Phone		Cell Phone	<input type="checkbox"/> Own My Home (address) <input type="checkbox"/> Rent My Home	
Gender M F	Birth Date / /	Retired Y N	Living Status <input type="checkbox"/> Alone <input type="checkbox"/> with Spouse/Family/Friend <input type="checkbox"/> with Caregiver	Pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat Other _____
Special Needs <input type="checkbox"/> Not Applicable <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Uses mobility device _____ <input type="checkbox"/> Uses Service Animal <input type="checkbox"/> Hearing Impaired/Aids <input type="checkbox"/> Low Vision <input type="checkbox"/> Uses Companion Support <input type="checkbox"/> Other _____				
Dr. / Mrs.	Mr. / Ms.	Last Name	First Name	Middle
Preferred Name (first name, nickname, title?)				
Gender M F	Birth Date / /	Retired Y N	Living Status <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse/Family/Friend <input type="checkbox"/> with Caregiver	Pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat Other _____
Special Needs <input type="checkbox"/> Not Applicable <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Uses mobility device _____ <input type="checkbox"/> Uses Service Animal <input type="checkbox"/> Hearing Impaired/Aids <input type="checkbox"/> Low Vision <input type="checkbox"/> Uses Companion Support <input type="checkbox"/> Other _____				
Emergency Contact Information				
Last Name:		First Name:		Relation:
Street Address:			Apt. #:	
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
Email:				
Last Name:		First Name:		Relation:
Street Address:			Apt#:	
City:		State:		Zip:
Home Phone:		Work Phone:		Cell Phone:
Email:				
In Case of Medical Emergency				
If you should have a medical emergency while you are being transported by a Made to Stay volunteer, you will be taken to the nearest hospital emergency department. Your emergency contact person will be notified.				

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Physicians' Information

Primary Care Physician:		Office Number:
Office Location:		Office City:
Specialist Physician:	Specialty:	Office Number:
Office Location:		Office City:
Specialist Physician:	Specialty:	Office Number:
Office Location:		Office City:
Specialist Physician:	Specialty:	Office Number:
Office Location:		Office City:
Dentist:	Office Number:	
Office Location:	Office City:	
Optometrist:	Office Number:	
Office Location:	Office City:	

Name of Pharmacy:

Phone Number:

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Hospital of Choice:

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Membership Agreement

Made to Stay is a Kentucky not for profit corporation that is tax exempt under 501(c)(3) of the federal income tax law. Its goal is to help residents of McCracken county, age 55 and older, or adults with disabilities to stay at home in their community as they age. **Made to Stay** does this by connecting its members to the people and services necessary to maintain home, health, hope and happiness. It organizes community volunteers and service providers, who will often work at reduced prices. All personnel sent to members' homes will have had substantial background checks.

Membership to **Made to Stay** costs \$600 annually for a household of two or more, \$360 for an individual. The membership year runs from July 1st to June 30 of the following year. When an individual is accepted for membership, there fee is prorated from that date to the end of that fiscal year. Membership fees are subject to change at the beginning of each new fiscal year. All members are subsidized in the sense that fees pay only a portion of the **Made to Stay** budget. Failure to pay dues will result in revocation of membership.

In exchange for a person's acceptance by **Made to Stay** as a member, the member agrees to indemnify **Made to Stay** from and hold it harmless against any and all loss, expense and liability arising out of or related in any way to (1) the performance of **Made to Stay** and its agents and (2) the activities of any volunteer or service provider used or recommended by **Made to Stay**.

Privacy Policy

As part of this agreement, **Made to Stay** will not give, sell or trade a member's information except in the event of an emergency situation involving the member whereby **Made to Stay** will contact the emergency contact(s) listed on the member's General Information Form or local emergency resources.

Each of the undersigned applicants for **Made to Stay** membership states that he/she has read and understands the above terms of membership and agrees that he/she and their respective heirs, successors, agents, and legal representatives will be bound by those terms. When a membership is renewed, it will remain subject to this agreement.

Member Name (print)

Member Name (print)

Member Signature

Member Signature

Membership accepted by: _____ Title _____ Date _____

I give permission to use my name and photo in ads, brochures, the website and any other publications of **Made to Stay**.

Member signature: _____

Member signature: _____

Please mail all four (4) pages of this application to **Made to Stay, P.O. Box 7802, Paducah, KY 42002-7802.**