

# Norwood Seniors Network

A not-for-profit organization serving seniors in their homes since 1994

## **Membership Application 2012**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### **Emergency Contacts:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (Days) \_\_\_\_\_ (Evening) \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

### **Party Responsible for Payment (if different from above):**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (Days) \_\_\_\_\_ (Evening) \_\_\_\_\_

### **Services Desired:**

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation Program    | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> NSN Caregiver Services    | <input type="checkbox"/> Outings & Activities |
| <input type="checkbox"/> Emergency Response System |   |

**How did you learn of NSN?** \_\_\_\_\_

**I understand the NSN membership fee is \$150/year or \$ 15/month for individuals  
\$240/year or \$23/month for couples. (Please circle your choice)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_