

Norwood Seniors Network

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

Membership Application 2017

Client Name/Names: _____ Date: _____

Address: _____

Phone (Home) _____ (Cell) _____

Email: _____ Birth date: _____

Emergency Contact Name: _____

Address: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Relationship: _____ Email: _____

Doctor: _____ Phone: _____

Party Responsible for Payment (if different from above):

Name: _____

Address: _____

Services Desired:

Escorted Transportation Outings & Activities*

***Must live within a 5 mile radius of the Norwood Seniors Network office to participate.**

NSN membership fee is: \$160/year for individual or \$200/year for couples
(Billing is pro-rated on a monthly basis if enrolling after January)

Transportation & social outing services are available to Norwood Seniors Network Members only.

Transportation is billed as round trip cost and is based on mileage. Transportation is usually done via an NSN branded 4 door sedan vehicle; clients must be weight bearing and must be able to safely enter/exit. There is room in vehicle trunk for walkers and travel wheelchairs. A service time fee of \$30.50 per hour (billable in 15 minute increments) will be charged when the driver is expected to wait with client or accompany the client beyond 15 minutes post arrival to destination. Four or more round trips within one month qualify for a 25% discount that month. All rides cancelled with less than 24 hours notice, unless due to emergency, will be billed at the rate of \$36.00. Social outings are done via the NSN bus, which has a few stairs to get up into it and/or a wheelchair lift; although individuals must be able to care for their own needs during the outings.

Except for any liability resulting from the gross negligence or misconduct of NSN, Client hereby releases and waives any and all claims whatsoever and promises not to sue NSN, or any Affiliate of NSN, and their officers, employees and agents for any loss, damage or injury as a result of services provided.

Signature: _____ Date: _____