



# MEMBERSHIP APPLICATION

**Village in the Ville** is a grassroots, member-based, community organization created for neighbors, by neighbors. Villages empower older adults, age 50+, to age in community by providing services, engagement, and connection. We serve the neighborhoods of Clintonville, Beechwold, and the University District (north of 11th Ave).

## Membership Descriptions

Membership Type	Individual Fee	Household Fee
<b>Gold Membership:</b> <ul style="list-style-type: none"> <li>• Educational and cultural activities</li> <li>• Social events and activities</li> <li>• Health &amp; Wellness activities</li> <li>• Members-only discounts and freebies</li> <li>• Staff assistance with information, research, and service coordination</li> <li>• Referrals to our vetted professional service providers</li> <li>• Volunteer help with a wide variety of tasks and activities, in and outside the home</li> <li>• Assistance with transportation</li> </ul>	\$400 annually (\$34 monthly)	\$500 annually (\$42 monthly)
<b>Silver Membership:</b> <ul style="list-style-type: none"> <li>• Educational and cultural activities</li> <li>• Social events and activities</li> <li>• Health &amp; Wellness activities</li> <li>• Members-only discounts and freebies</li> <li>• Staff assistance with information, research, and service coordination</li> </ul>	\$200 annually (\$17 monthly)	\$250 annually (\$21 monthly)
<b>Associate Membership:</b> <ul style="list-style-type: none"> <li>• Same benefits as Silver Membership for individuals outside Village in the Ville's service area</li> </ul>		\$200 annually (\$17 monthly)

Reduced membership fees are available for those with financial need. Please speak to the Director for additional information. You may keep this page for your reference.

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## Applicant Information:

<b>Member 1: Name:</b>	Date of Birth (mm/dd/yyyy):			
Gender:	Ethnicity:			
Phone Number:				
Email:				
Preferred method(s) of contact:	Email	Phone	Text	Mail
Employment :	Full-Time	Part-Time	Self-Employed	Unemployed
	Retired			
<b>Member 2: Name:</b>	Date of Birth:			
Gender:	Ethnicity:			
Phone Number:				
Email:				
Preferred method(s) of contact:	Email	Phone	Text	Mail
Employment :	Full-Time	Part-Time	Self-Employed	Unemployed
	Retired			

## Residence Information:

Street Address:	
City:	Zip Code:
Live in your home/apartment alone?	Do you rent or own?
Home Type:	
How many years have you lived in the neighborhood?	
Pets?	
Do you still drive?	Do you have a vehicle?

## Village Directory:

I am interested in being in the Village Directory. My name, phone number, and email will be available to participating members:      Yes      No
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**Current Health:**

<b>Member 1:</b>				
Current Health:	Excellent	Good	Chronic Condition	Prefer not to answer
Mobility issues:				
Specific Needs (i.e. vision or hearing impaired):				
Vaccinated:	Yes	No	Prefer not to answer	
<b>Member 2:</b>				
Current Health:	Excellent	Good	Chronic Condition	Prefer not to answer
Mobility issues:				
Specific Needs (i.e. vision or hearing impaired):				
Vaccinated:	Yes	No	Prefer not to answer	

**Emergency Preparedness**

**Emergency Plan: please check applicable boxes for each item that applies**

<input type="checkbox"/>	Has Emergency Kit	<input type="checkbox"/>	Has evacuation plan
<input type="checkbox"/>	Has Car	<input type="checkbox"/>	Has Ability to Drive
<input type="checkbox"/>	Has Someone to Drive You		
<input type="checkbox"/>	Has food supplies for three days		
<input type="checkbox"/>	Has proper provision for medication / medical equipment (CPAP, Oxygen)		

**Emergency Contact 1** (preferably a resident of Columbus or Ohio)

Full Name:	Relationship:
Phone Number:	
Address:	

**Emergency Contact 2:**

Full Name:	Relationship:
Phone Number:	
Address:	

**Additional Contact Information:**

Physician:	Phone:
Preferred Hospital:	

**Village Interests**

Village in the Ville wants to provide innovative programs and events. Please identify your interests so we can develop programs and events that fit your lifestyle.

✓	TYPE OF ACTIVITY
	Arts/Craft
	Books/Literature
	Civic Engagement
	Computers/Technology
	Concerts/Music
	Cooking/Culinary/Dining Out
	Theater/Dance
	Health/Wellness/Exercise
	Lecture/Discussion
	Museums/Exhibitions
	Outdoor Recreation
	Travel
	Intergenerational Activities
	Other Activities (please specify):

**Additional Information:**

Are you currently receiving any home support services? (Senior Options, Passport, home health aid, etc.)?
If you answered yes, please specify services:
Are you a veteran?
Are you enrolled in another CRC Program?
Are you interested in becoming a Village in the Ville volunteer?

**Volunteer Needs:**

Village in the Ville wants to provide services and resources that meet your current and future needs. Please check all that apply.

✓	<b>Village Volunteer Needs</b>
	Driving and Transportation
	Companionship
	Gardening/Yard Care/Lawn Mowing/Weeding/Leaf Raking
	Snow Removal
	Housekeeping
	Legal Assistance
	Grocery/Meal Delivery
	Home Maintenance and Repair
	Personal Finance Management
	Pet Care/Walking
	Health Advocacy/Assistance
	Technology Assistance
	Other Needs (please specify):

## Reasons for Joining:

Additional Reasons you are joining Village in the Ville.
How did you hear about the Village in the Ville?

## Village Membership and Billing Agreement:

Please indicate the type of membership you are choosing.

<input checked="" type="checkbox"/>	<b>Silver Membership</b>	<input checked="" type="checkbox"/>	<b>Gold Membership</b>
	Individual (\$200)		Individual (\$400)
	Household (\$250)		Household (\$500)

## Payment Information:

Village membership fees may be paid via check or credit card. Please make checks out to Clintonville-Beechwold Community Resources Center. For Credit Card payments, please complete the card information below and submit along with the application.

<b>Payment Frequency:</b> YEARLY MONTHLY
<b>Payment Method:</b> CASH CHECK CREDIT CARD
<b>Card Type:</b> VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS
Credit Card Information
<b>Name on Card:</b>
<b>Number:</b>
<b>Date of Expiration:</b>
<b>Security Code:</b>
<b>Signature of Card Holder:</b>

**Fill out below ONLY if payee is different than member:**

Payee Name:	
Phone Number:	
Email:	
Preferred method(s) of contact (please circle):	Email          Phone          Text Mail
Relationship to Member(s):	
Street Address:	
City:	Zip Code:

**Member Agreement:**

I affirm the accuracy of the information provided on this form. I recognize the need for an annual renewal and Village evaluation, including updating of critical information, plus payment of an annual fee. I grant Village in the Ville's permission to contact the above specified emergency contact. Having read the above and additional documents carefully, I am pleased to become a Member of Village in the Ville. Please see Member Handbook for additional explanation of benefits, member bill of rights, and member confidentiality agreement.

Signature of Member:	Date:
Signature of Member:	Date:
Signature of Village Staff:	Date:

**Completed Applications:**

Completed Applications may be returned by mail, email, or in person. Hard-copy applications may be mailed or delivered to Clintonville-Beechwold Community Resources Center at 3222 North High St. Electronic copies may be emailed to [Phoebe.Allebach@clintonvillecrc.org](mailto:Phoebe.Allebach@clintonvillecrc.org) Please be sure to include signatures on all copies.

Once an application is received by the Village office, a Village staff member will be in touch by phone or email to confirm its receipt.

If you have any questions you may contact Phoebe Allebach at 614-404-1521.