



MEMBERSHIP APPLICATION

Revised (8-24-2020)

Coastal Neighbors Network is a membership-based organization committed to supporting older residents, on a one-to-one basis, who wish to stay safe, independent, and connected in their community.

Name(s): _____

Birthdates for each Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

Email(s): _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Person who has key to the house: _____ Phone: _____

Newsletters: by email? ☐ Yes ☐ No Please send via U.S. Mail

I/We would like to meet with the Executive Director/Board Member to discuss membership in CNN.

Best availability is: ☐ Morning ☐ Afternoon ☐ Evening

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Membership types: ☐ \$660 Individual Member ☐ \$900 Household Members ☐ \$350 Sustaining Member

There will be a waiting period of 2 weeks to evaluate your application and assess the compatibility of your needs with Coastal Neighbors Network's ability to serve them.

I HAVE READ AND UNDERSTOOD THIS APPLICATION FORM, AND I HEREBY APPLY TO BECOME A MEMBER OF COASTAL NEIGHBORS NETWORK

Signature: _____ Date: _____

Signature: _____ Date: _____

You may send your application to:

Coastal Neighbors Network, Attn. Andy Pollock
P.O. Box 80073
South Dartmouth, MA 02748

Email: membership@coastalneighborsnetwork.org Website: <http://www.coastalneighborsnetwork.org>