



AGING IN PLACE IN WHITE PLAINS – MEMBERSHIP APPLICATION

PO Box 815, White Plains, NY 10602
(914) 319-1609

aipwhiteplains@gmail.com
Website: www.aipwhiteplains.org

Thank you for your interest in Aging in Place in White Plains (AIPWP). Please complete this form. You may submit it by mail to the address above, or by scanning and emailing it to the address above.

Your name: _____
Title First M.I. Last
Preferred name: _____ Gender: M ___ F ___

Second member: _____
Title First M.I. Last
Preferred name: _____ Gender: M ___ F ___

Home Phone: _____ Cell Phone: _____ Bus. Phone _____

Address: _____ Apt. No. _____ White Plains, NY Zip 1060__ - _____

Email address: _____

Employment status: Full time ___ Part time ___ Retired ___

Living: Alone ___ With caregiver ___ With spouse, family member(s) or friend ___

How did you hear about AIPWP? (check all that apply)

- AIPWP flyer/brochure
- Neighbor
- Family/friend
- Newspaper
- Religious institution
- Community group
- AIPWP member
- Other (explain) _____

From what you have heard, what interests you most about AIPWP? _____

In addition to joining as a member, are you interested in volunteering your services to other members? _____

If yes, check those you might consider: ___ driving local trips ___ shopping ___ handyman ___ pet care
___ medical advocacy ___ computer help ___ friendly visits ___ phone check ___ other (add over)

___ I am enclosing a check to Aging in Place in White Plains for: ___ \$100 (individual) ___ \$150 couple (annual)

___ Please contact me about arranging a reduced fee based on my(our) financial situation.

(Signed) _____ Date _____