## **Member Application ~ The FriendShip**

Preferred Title: Dr 1	Mr Mrs	Miss	Ms		
Last:		First:			
Middle:	Preferred Nar	ne to be called	l:		
Gender: M F D	ate of Birth:			Retired: Yes	_ No
Living Status: Alone	With Spouse/Famil	y/Friend	With Ca	regiver	
Pets: Dog Cat	Other				
Contact Information:					
Residence:					
City:		Zip Code:			
Mailing Address if different	from residence:				
Telephone number(s)/e-ma	il: Circle preferred wa	ay to be conta	cted:		
Home:		Cell:			
Work:		e-mail:			
Health Condition: Excellen	t Very Good	Good	_ Not So Goo	od bc	
Special Considerations: Whe	eel chairWalker_	Hearing I	mpaired	Poor Vision	
Speech Service Anima	ıl Companion S	upport C	Other	(oxygen, allerg	ies, etc)
<b>Emergency Contacts:</b>					
Name:					
Relationship:					
Phone Number:					
Name:					
Relationship:					
Phone Number:	Address: _				

Member Application – April 2015

## **Primary Care Physician:** Name: Name of Medical Practice: Phone Number: \_\_\_\_ Address: How did you learn about The FriendShip? Would you be willing to be a Volunteer to assist other Members? Yes\_\_\_ No\_\_\_ Not at this Time \_\_\_\_ Member Limitations: The FriendShip is not able to provide medical or personal care services, wheelchair transportation, services to those who live in a designated senior residence, or services to those with dementia. I/We would like to join The FriendShip as: Please print name (s) – please do NOT include payment – The FriendShip will be in touch with you to set up an interview. **Member**: Individual: \$600 / yr Member: Household (2-person): \_\_\_\_\_\$900 / yr and Associate Member: Individual: \_\_\_\_\_\_\$120 / yr Associate Member: Household (2-person) \$180 / yr and

## Mail application to:

The FriendShip (Do not include any payment) 2827 Wheat Street Columbia, SC 29205

**Note:** This application form can be filled out online.

Website: www.thefriendship.org

**Phone**: 803-799-2919 ext. 122

Email: contact@thefriendship.org