

**Member Application ~ The FriendShip**

Preferred Title: Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Miss \_\_\_\_ Ms. \_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Name to be called: \_\_\_\_\_

Gender: M \_\_\_\_ F \_\_\_\_ Date of Birth: \_\_\_\_\_ Retired: Yes \_\_\_\_ No \_\_\_\_

Living Status: Alone \_\_\_\_ With Spouse/Family/Friend \_\_\_\_ With Caregiver \_\_\_\_

Pets: Dog \_\_\_\_ Cat \_\_\_\_ Other \_\_\_\_

**Contact Information:**

Residence: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from residence: \_\_\_\_\_

\_\_\_\_\_

**Telephone number(s)/e-mail: Circle preferred way to be contacted:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Health Condition:** Excellent \_\_\_\_ Very Good \_\_\_\_ Good \_\_\_\_ Not So Good \_\_\_\_

Special Considerations: Wheel chair \_\_\_\_ Walker \_\_\_\_ Hearing Impaired \_\_\_\_ Poor Vision \_\_\_\_

Speech \_\_\_\_ Service Animal \_\_\_\_ Companion Support \_\_\_\_ Other \_\_\_\_ (oxygen, allergies, etc)

**Emergency Contacts:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**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 \_\_\_\_\_

**Legacy [Full] Member:** Individual: \_\_\_\_\_ \$1200 / 3 years  
(Legacy member available thru 12/31/2015)

**Legacy [Full] Member:** Household (2-person): \_\_\_\_\_ \$1800 / 3 years  
and \_\_\_\_\_

**Charter [Associate] Member** Individual: \_\_\_\_\_ \$1200 / 3 years  
(Charter member available thru 12/31/2015; part of fees are tax deductible contribution):

**Charter [Associate] Member:** Household (2-person) \_\_\_\_\_ \$1800 / 3 years  
and \_\_\_\_\_

Contact: The FriendShip 2827 Wheat Street Columbia, South Carolina 29205  
Phone: 803-799-2919 ext. 122 e-mail: [contact@thefriendship.org](mailto:contact@thefriendship.org)