

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 _____

Mail application to:

The FriendShip
2827 Wheat Street
Columbia, SC 29205

The application form can be filled out online at
www.TheFriendShip.org

Phone: 803-602-6434

Email: contact@thefriendship.org

Payment Options:

Individual Membership - \$600/year
OR \$55/month (monthly auto draft setup required)

Household Membership - \$900/year
OR \$80/month (monthly auto draft setup required)

Associate Membership - \$120/year **

Household Associate Membership - \$180/year **

**Associate Memberships not eligible for auto draft

Note: Please do not include payment with application.