



I'On At Home Membership Information

I'On At Home's (IAH) mission is to enable I'On residents and Friends of I'On to have healthy, active, and independent lifestyles and remain in their own homes for as long as possible.

IAH Contact Information:

Website: <http://www.ionathome.org>

Phone: (843) 284-3590

E-mail: ion@ionathome.org

Mailing Address: I'On At Home, P.O. Box 1225, Mount Pleasant, SC 29465

Office Hours: Monday – Friday, 9:00 AM – 1:00 PM

About Membership:

IAH is a nonprofit membership organization for ages 55 and over. Members may attend programs and events, receive volunteer-provided services and have access to our Preferred Provider Directory. I'On residents and Friends of I'On are eligible for IAH membership. Younger residents will be considered as requested. **EACH APPLICATION IS REVIEWED AND EXCEPTIONS MAY BE MADE IN INDIVIDUAL CIRCUMSTANCES.** For more information, please contact ion@ionathome.org.

Membership Process:

1. Complete and mail membership application and fee to:
I'On At Home
P. O. Box 1225
Mount Pleasant, S.C. 29465
2. A welcome email arrives in a few days with a link to create a personal IAH password for accessing the full website. *This link expires in 2 days. If you miss it, send a note to ion@ionathome.org for a 2nd try.
3. After membership materials arrive, an IAH Membership Committee member will contact you for a welcome visit. This is a good opportunity to become familiar with the website with an experienced guide. The value of a welcome visit is to learn more about members' needs and preferences for future offerings, and to answer questions.
4. Memberships are renewed annually. "Time to renew" notices will be emailed to you.

Membership Fees:

Fees are payable to I'On At Home by a check mailed to IAH's mailing address above. Credit card payments are accepted, but we prefer checks because of the credit card processing charges incurred by IAH.

Membership Categories and Fees:

- **FULL MEMBERSHIP:** This membership includes access to all programs that IAH offers including cultural, educational, and social events; all volunteer-provided services; and access to Preferred Provider Directory and negotiated provider discounts.

_____ **Household (\$500/year):** Two residents living at the same residential address, in which at least one member is 55 years of age or older, and both residents are members. **AN ACCESSORY DWELLING UNIT (ADU) IS CONSIDERED A SEPARATE RESIDENCE.**

_____ **Individual (\$350/year):** An individual resident who is age 55 or older and will receive services (available only *where the individual lives in the home without another occupant*).

- **SUPPORTING MEMBERSHIP:** This membership includes all cultural, educational, and social events and access to the Preferred Provider Directory. It does not include volunteer-provided services. The fair market value of a Supporting Membership is \$100. Any amount over \$100 may be tax deductible.

_____ **Household (\$500/year):** Two residents living at the same residential address, in which at least one member is 55 years of age or older, and both residents are members. **AN ACCESSORY DWELLING UNIT (ADU) IS CONSIDERED A SEPARATE RESIDENCE.**

_____ **Individual (\$350/year):** An individual resident who is age 55 or older and will not receive services.

****NEW**** _____ **Friends of I'On (\$350/year):** A limited number of memberships are available to individuals who are over 55 years of age and:

- Previous I'On residents and IAH members
- OR**
- Local residents with close connections/ties to the I'On community



I'On At Home Membership Application

Membership Categories (DESCRIPTIONS IN INFORMATION SECTION; please check one):

- Household – Full (\$500/year)
 Individual – Full (\$350/year)
 Household – Supporting (\$500/year)
 Individual – Supporting (\$350/year)
****NEW**** Friends of I'On – Supporting (\$350/year)

Applicant Information:

Name: _____

Date of birth: _____ Gender: Male Female

Street address: _____

City, State, and Zip Code: _____

Email: _____

Home phone: _____ Cell phone: _____

Preferred Phone Number (please circle) – Home or Cell

For Household memberships, complete additional applicant information.

Name of additional applicant: _____

Date of birth: _____ Gender: Male Female

E-mail: _____

Cell phone: _____

Preferred Phone Number (please circle) – Home or Cell

Emergency Contacts

(FEEL FREE TO LIST ADDITIONAL EMERGENCY CONTACTS ON THE BACK OF THIS PAGE.)

Name: _____ Relationship to you: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____

PLEASE NOTE: I'ON AT HOME RESERVES THE RIGHT TO CONTACT MEMBERS' EMERGENCY CONTACTS IN CASE OF HEALTH OR SAFETY CONCERNS.

Members Directory

As an IAH Member your contact information is added to our Members Directory on the IAH website. This is only accessible by other IAH members.

_____ PLEASE CHECK HERE IF YOU **DO NOT** WANT TO BE INCLUDED.

Access to and Use of Internet

IAH uses its website and e-mail to inform members about events and services.

_____ PLEASE CHECK HERE IF YOU **DO NOT** HAVE ACCESS TO THE INTERNET AND EMAIL.

Volunteering

If you are interested in volunteering with IAH, please let us know.

_____ PLEASE CHECK HERE IF INTERESTED IN VOLUNTEERING.

Photographs

We often take photos at programs and events. These photos may be used in IAH or I'On newsletters and communications materials. If you do not wish to have your photo taken/used on behalf of IAH, please talk to the photographer at the time.

Waiver of Liability

I understand and acknowledge that I'On At Home is not affiliated with third party providers which may be recommend by other members, and I hereby release I'On At Home from responsibility or liability for the conduct or performance of such third-party providers.

Printed Name: _____

Signature: _____ Date _____

(For Household memberships, signature of additional applicant)

Printed Name: _____

Signature: _____ Date _____

Administrative Use Only:

Date Membership Activated: _____