



# I'On At Home Membership Information

*A community of friends enjoying enriched, vibrant and independent lives together.*

## **IAH Contact Information:**

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

Phone: (843) 284-3590

E-mail: [ion@ionathome.org](mailto:ion@ionathome.org)

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

## **About Membership:**

IAH is a nonprofit membership organization for ages 55 and over. Members may attend programs and events and receive volunteer services. I'On residents and Friends of I'On are eligible for IAH membership. Younger residents may be considered as requested. Each application is reviewed and exceptions may be made in individual circumstances. For more information, please contact [ion@ionathome.org](mailto: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 full website. \*This link expires in 2 days. If you miss it, send a note to [ion@ionathome.org](mailto:ion@ionathome.org) for a 2nd try.
3. After membership materials arrive, an IAH 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 sent 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 also accepted.

## **Membership Categories and Fees:**

**Resident - Full Membership:** This membership includes access to ALL programs and services offered including all cultural, educational, and social programs as well as all services available from volunteers.

- Full Household (\$500/year): Two residents living full time or part time at the same residential address, in which at least one member is 55 years of age. An accessory dwelling unit (ADU) is considered a separate residence.
- Full Individual (\$350/year): One resident, living alone, who is 55 years of age or older.

**Resident - Supporting Membership:** This membership includes all cultural, educational, and social programs and events. It DOES NOT include access to volunteer services. The fair market value of a Supporting Membership is \$100. Since there are no services provided any amount over \$100 may be tax deductible.

- Supporting Household (\$500/year): Two residents living full time or part time at the same residential address, at which at least one member is 55 years of age. An accessory dwelling unit (ADU) is considered a separate residence.
- Supporting Individual (\$350/year): One resident who is at least 55 years of age. While we hope most couples will choose to join as a household, in some cases, only one member of a couple may wish to become a supporting member.

**Non-Resident - Membership:** The number of memberships is limited to 10% of total IAM memberships. This membership includes access to all cultural, educational and social programs and events. It DOES NOT include access to volunteer services. The fair market value of Non-Resident Membership is \$100. Since there are no services provided, any amount over \$100 may be tax deductible.

- Non-Resident Household (\$500/year): Two residents living full time or part time at the same residential address in which at least one resident is 55 years of age. An accessory dwelling (ADU) is considered a separate address.
- Non-Resident Individual (\$350/year): An individual resident who is at least 55 years of age.



## 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)  
 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 Member 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: \_\_\_\_\_