



## I'On At Home Membership Application

I'On At Home (IAH) is a nonprofit membership organization. Its mission is to provide services and support to enable I'On residents to have healthy, active, and independent lifestyles and remain in their own homes for as long as possible.

### IAH Contact Information:

Website: [ionathome.org](http://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

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

### Membership Categories: Please check your preferred membership category below:

**Full Membership:** Includes access to all IAH programs and services including cultural, educational, and social events; services available from volunteers; and access to our Preferred Provider Directory and negotiated provider discounts.

\_\_\_\_\_ **Household (\$500/year):** Two residents living in a single residence at a specific address in which at least one member is 55 years of age or older (both residents are members.) An accessory dwelling unit (ADU) is considered a separate residence.

\_\_\_\_\_ **Individual (\$350/year):** One resident who is 55 years of age or older (available only where the one resident lives in the home without a spouse or significant other)

**Supporting Membership:** This membership includes all cultural, educational, and social events and access to the Preferred Provider Directory. It does not include volunteer 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 in a single residence at a specific address in which at least one member is 55 years of age or older (both residents are members.) An accessory dwelling unit (ADU) is considered a separate residence.

\_\_\_\_\_ **Individual: (\$350/year):** A resident who is 55 years of age or older. 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 (option available only at the time of initiating a new membership or renewing a current membership). If this type of

membership is selected, the non-member person in the couple may attend only those IAH events open to all I'On neighbors.

## Membership Process

When IAH receives an application for a full membership an IAH representative will contact the applicant to schedule a welcome interview in their home. (Please note that visits will not be made for Supporting Member applicants since they will not receive IAH volunteer services.) The purpose of the visit is to gather information about your specific needs and preferences for services and to answer any questions you have. To remain active, memberships must be renewed annually.

I'On At Home takes all reasonable steps to protect the personal information of all members. If we assist a member in making contact with a third-party service provider at the member's request, we will need to disclose the member's contact information as well as other details relevant to meeting the need.

**Membership Fee Payment:** Initially fees are payable by check made out to I'On At Home. At a future date payments can be made by sending a check to I'On At Home. Credit card payments are available but not preferred because of the charge to IAH.

**INSTRUCTIONS:** Please print your information below and mail to: I'On At Home, P.O. Box 1225, Mount Pleasant, SC, 29465. **(NOTE: IAH zip code is different from zip code for I'On residences.)**

### SECTION 1 (Contact Information)

Name of applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Member's e-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

(If applying for household membership, please list the name of additional applicant below.)

Name of additional applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

E-Mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_

How do you prefer to be contacted?

\_\_\_ Home phone \_\_\_ Cell phone \_\_\_ Work phone \_\_\_ E-mail

Membership Directory:

\_\_\_ Include me in the membership directory on the IAH website.

\_\_\_ I do not want to be included.

If yes, please indicate how you want your name listed: \_\_\_\_\_

Please check the information you want included on the website: \_\_\_ address \_\_\_ home phone

\_\_\_ cell phone \_\_\_ work phone \_\_\_ e-mail address

## SECTION 2 (Emergency Contacts)

(Feel free to list additional emergency contacts on the back of this page if desired.)

Name : \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

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.

## SECTION 3 (Services and Program Preferences)

Please check the types of services and programs you wish to obtain through I'On At Home now or in the near future.

Services:

- Transportation (routine errands with or on behalf of a member, medical appointments, trips to airport/train station or events, etc.)
- Household Chores (changing light bulbs or smoke alarm batteries, simple home or yard maintenance, emergency pet care, taking out trash or recycling, etc.)
- Technology (basic help with computers, cell phones, TVs, etc.)
- Friendly Visits (daily check-in via phone, text, e-mail, or scheduled personal visits for companionship)

Social, Cultural, Educational Activities:

- Lunch, dinner, or coffee groups; movie outings; Celebrity Chef dinners
- Small special interest groups (card games, book clubs, travel groups, walking groups, exercise groups, etc.),
- Trips (museums, concerts, theater)
- Local excursions (plantations, gallery openings, home/garden tours, film festivals, athletic events, holiday events, etc.)
- Talks and lecture series (topics on history, the economy, political issues, environmental issues, travel, health and wellness, etc.)

Briefly describe other services and programs that you are interested in getting through IAH.

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**SECTION 4 (Access to and Use of Internet)**

I'On At Home uses its website and e-mail to inform members about events and services. Select the answer that best describes your access to e-mail and the internet.

I do not use e-mail or the internet at all.

I have access to e-mail and the internet in my home.

I do not have home access to e-mail and the internet, but I do at the library, work, or elsewhere.

If you have access to e-mail and the internet, how often do you go online?

every day  once a week  several times a week  less than once a week

**SECTION 5 (Interest in Volunteering)**

If you are interested in volunteering with I'On At Home in any way, whether to help a fellow member on occasion, be on a committee, or host an IAH event, let us know so we can follow up with you.

I am interested in volunteering in some way.

I am not interested in volunteering at this time.

I have special skills or knowledge that I could volunteer to share with IAH members.

Please state your special skills/knowledge:

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**SECTION 6 (Photograph/Video Release)**

May we have permission to use photos or videos of you to help market and promote I'On At Home? If so, please check the line below and sign where indicated. If this is a Household Membership, please include both names and signatures if both members agree.

I hereby give permission to I'On At Home to use photographs or video recordings of me for marketing and promotional purposes.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If applying for household membership, signature of additional member

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7 (Waiver of Liability)**

I understand and acknowledge that I'On At Home is not affiliated with third party providers that it may recommend to 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 \_\_\_\_\_

If applying for household membership, signature of additional member

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Use Only:**

Date Membership Activated: \_\_\_\_\_