



I'On At Home Membership Information and 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.

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

Membership Categories:

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. 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: Fees are payable to I'On At Home by check. Credit card payments are available but not preferred because of the charge to IAH.

IAH Membership Application

Please print your information below and mail this application and your check 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.)

Membership Type (see full description in information section; please check one)

- Household – Full (\$500/year)
- Individual – Full (\$350/year)
- Household – Supporting (\$500/year)
- Individual – Supporting (\$350/year):

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: _____

Preferred Phone Number – Home or Cell

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

Name of additional applicant: _____

Date of birth: _____ Gender: Male Female

Cell phone: _____ E-mail: _____

Preferred Phone Number – Home or Cell

Membership Directory

Being an IAH Member you are 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.

Emergency Contacts

(Feel free to list additional emergency contacts on another page if desired.)

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.

Access to and Use of Internet

I’On At Home 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 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. Please check here. _____

Photographs

Please note that we often take photos at events. We may use those photos in our newsletters or in I’On materials. If you do not wish to have your photo printed somewhere, 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 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: _____