



MEMBERSHIP APPLICATION

Village in the Ville is a grassroots, member-based, community organization created for neighbors, by neighbors. Villages empower older adults, age 50+, to age in community by providing services, engagement, and connection.

We serve the neighborhoods of Clintonville, Beechwood, and the University District (north of 11th Ave).

Membership Descriptions

Membership Type	Fee: Individual	Fee: Household
Gold Membership: <ul style="list-style-type: none"> • Educational and cultural activities • Social events and activities • Health & Wellness activities • Members-only discounts and freebies • Staff assistance with information, research, and service coordination • Referrals to our vetted professional service providers • Volunteer help with a wide variety of tasks and activities, in and outside the home • Assistance with transportation 	\$400 annually (\$34 monthly)	\$500 annually (\$42 monthly)
Silver Membership: <ul style="list-style-type: none"> • Educational and cultural activities • Social events and activities • Health & Wellness activities • Members-only discounts and freebies • Staff assistance with information, research, and service coordination 	\$200 annually (\$17 monthly)	\$250 annually (\$21 monthly)
Associate Membership: Same benefits as Silver Membership for individuals outside Village in the Ville's service area		\$200 annually (\$17 monthly)

Reduced membership fees are available for those with financial need. Please speak to the Director, Christine Happel, for additional information

(page left blank intentionally)

Applicant Information:

Member 1: Name:	Date of Birth: / /
Phone Number:	
Email:	
Preferred method(s) of contact (please circle):	Email Phone Text Mail
Member 2: Name:	Date of Birth: / /
Phone Number:	
Email:	
Preferred method(s) of contact (please circle):	Email Phone Text Mail
Street Address:	
City:	Zip Code:
Live in your home/apartment alone? Yes No	Do you rent or own? (Please circle)
Pets:	

Village Directory:

I am interested in being in the Village Directory. My name, phone number, and email will be available to participating members: Yes No
--

Emergency Contact(s)***Emergency Contact 1** (preferably a resident of Columbus or Ohio)

Full Name:	Relationship:
Phone Number:	
City/State of Residence:	

Emergency Contact 2:

Full Name:	Relationship:
Phone Number:	
City/State of Residence:	

Additional Contact Information:

Physician:	Phone:
Preferred Hospital:	

Village Interests

Village in the Ville wants to provide innovative programs and events. Please identify your interests so we can develop programs and events that fit your lifestyle.

✓	TYPE OF ACTIVITY
	Arts/Craft
	Books/Literature
	Civic Engagement
	Computers/Technology
	Concerts/Music
	Cooking/Culinary
	Theater/Dance
	Dining Out
	Health/Wellness/Exercise
	Lecture/Discussion
	Museums/Exhibitions
	Outdoor Recreation
	Travel
	Other Activities (please specify):

Additional Information:

Are you currently receiving any home support services? (Senior Options, Passport, home health aid, etc.)? Yes No
If you answered yes, please specify services:
Are you a veteran? Yes No
Are you interested in becoming a Village in the Ville volunteer? Yes No

Volunteer Needs

Village in the Ville wants to provide services and resources that meet your current and future needs. Please check all that apply.

✓	Village Volunteer Needs
	Driving and Transportation
	Companionship
	Gardening/Yard Care
	Housekeeping
	Legal Assistance
	Grocery/Meal Delivery
	Home Maintenance and Repair
	Personal Finance Management
	Pet Care/Walking
	Health Advocacy/Assistance
	Technology Assistance
	Other Needs (please specify):

Reasons for Joining:

Additional Reasons you are joining Village in the Ville.
How did you hear about the Village in the Ville?

Village Membership and Billing Agreement

Please indicate the type of membership you are choosing.

✓	Silver Membership	✓	Gold Membership
	Individual (\$200)		Individual (\$400)
	Household (\$250)		Household (\$500)

Fill out below ONLY if payee is different than member:

Payee Name:	
Phone Number:	
Email:	
Preferred method(s) of contact (please circle): Email Phone Text Mail	
Relationship to Member(s):	
Street Address:	
City:	Zip Code:

I affirm the accuracy of the information provided on this form. I recognize the need for an annual renewal and Village evaluation, including updating of critical information, plus payment of an annual fee. I grant Village in the Ville’s permission to contact the above specified emergency contact. Having read the above and additional documents carefully, I am pleased to become a Member of Village in the Ville. Please see Member Handbook for additional explanation of benefits, member bill of rights, and member confidentiality agreement.

Signature of Member:	Date:
Signature of Member:	Date:
Signature of Village Staff:	Date:

Completed Applications may be returned by mail, email, or in person.

Hard-copy applications may be mailed or delivered to Clintonville-Beechwald Community Resources Center at 3222 North High St.

Electronic copies may be mailed to Christine.Happel@clintonvillecrc.org. Please be sure to include signatures on all copies.

If you have any questions you may contact Christine Happel at 614-268-3539

Payment Information

Village membership fees may be paid via check or credit card. Please make checks out to Clintonville-Beechwold Community Resources Center. For Credit Card payments, please complete the card information below and submit along with the application.

Payment Frequency: <input type="checkbox"/> YEARLY <input type="checkbox"/> MONTHLY
Payment Method: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
Credit Card Information
Name on Card:
Number:
Date of Expiration:
Security Code:
Signature of Card Holder: