



Membership Application

At Home By High is a member-based neighborhood organization serving adults ages 50+.

We serve the following neighborhoods: The Circles, Dennison Place, Harrison West, Italian Village, Milo-Grogan, Victorian Village, a portion of the University District (south of 11th Ave), and Weinland Park.

Membership Descriptions

Membership Type	Fee*
<p>Full Membership: Individualized transportation to and from appointments, events, or errands by volunteers.</p> <ul style="list-style-type: none"> • Services performed by volunteers at home including light yard work, snow removal, moving furniture, organizing, companionship, and much more. • Staff assistance with referrals, completing applications for resources, and service coordination. • Access to social, educational, cultural events and activities. Specific examples below within Social Membership. 	\$200/year or \$18/month
<p>Social Membership: Access to social, educational, cultural events and activities such as:</p> <ul style="list-style-type: none"> • Coffee, lunch, dinner meet-ups • Discussion groups, book clubs, lectures • Museums, plays, concerts • Walking club, swimming club, functional fitness 	\$100/year or \$10/month
<p>Friendship Membership: Same benefits as Social Membership for individuals outside At Home by High's service area.</p>	\$100/year or \$10/month

Please note fees listed above are the rates for a one and two-person household. No additional fees are required for a two-person household.

*Reduced membership fees are available for those with financial need. See the bottom of page 3 for details.

Instructions: Please circle the membership category for which you are applying:

Year

Full Membership (\$200)
Social Membership (\$100)
Friendship Membership (\$100)

Month-to-Month

Full Membership (\$18)
Social Membership (\$10)
Friendship Membership (\$10)

Complete the following application and mail application and membership dues to:

At Home by High

45 E. Lincoln Street
Columbus, OH 43215

Applicant(s) Information

Applicant 1

Full Name:	Date of Birth: / /
Phone Number 1:	Type (circle one): home mobile work
Phone Number 2:	Type (circle one): home mobile work
Email:	
Preferred method(s) of contact (please circle):	Email Phone Text Mail
Gender (circle one): Prefer not to say Male Female Non-binary/third gender Prefer to self-describe _____	
Do you identify as transgender? Yes No Prefer not to say	
Do you consider yourself a member of the LGBT community? Yes No No, but I identify as an Ally Prefer not to say	
Race/Ethnicity (circle all that apply): White/Caucasian Black or African American Native American or American Indian Asian/Pacific Islander Hispanic/Latino or Spanish Origin Other:	
Do you live in your home/apartment alone? Yes No	

Applicant 2

Full Name:	Date of Birth: / /
Phone Number 1:	Type (circle one): home mobile work
Phone Number 2:	Type (circle one): home mobile work
Email:	
Preferred method of contact:	Email Phone Text Mail
Gender:	
Male Female Non-binary/third gender Prefer not to say	
Prefer to self-describe _____	
Do you identify as transgender? Yes No Prefer not to say	
Do you consider yourself a member of the LGBT community?	
Yes No No, but I identify as an Ally Prefer not to say	
Race/Ethnicity (circle all that apply):	
White/Caucasian Black or African American Native American or American Indian	
Asian/Pacific Islander Hispanic/Latino or Spanish Origin Other:	
What relation are you to the applicant above?	
Partner/Spouse Parent Child Friend Other Relative Roommate	

Financial Need

Please circle one or more of the following qualifications for financial need:	
CPO/CHN/CMHA Resident	Receive food and/or cash assistance
High medical expenses	Credit card debt Other: _____
I would like to pay the following amount \$_____ * monthly or yearly (circle one)	

* Minimum reduced fee is a suggested payment of \$5-12 a year.

Household Information

Street Address:				
City:	Zip Code:			
Neighborhood (circle one):				
The Circles	Dennison Place	Harrison West	Italian Village	Milo-Grogan
Victorian Village	University District	Weinland Park	Other:	
Annual Household Income:				
<\$25,000	\$25,000-50,000	\$51,000-99,000		
\$100,000-\$149,000	\$150,000-\$199,000	>\$200,000		
Do you own or rent your home?	Own	Rent		

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

Full Name:	Relationship:
Phone Number 1:	Type (circle one): home mobile work
Phone Number 2:	Type (circle one): home mobile work
Email:	
City/State of Residence:	

Emergency Contact 2

Full Name:	Relationship:
Phone Number 1:	Type (circle one): home mobile work
Phone Number 2:	Type (circle one): home mobile work
Email:	
City/State of Residence:	

Photograph/Video Release

We ask for your permission to use a photograph or video recording of you in our marketing materials. Photographs or video may be used in both print and digital media. At Home by High's print publications include, but are not limited to: newsletters, brochures, annual reports, marketing materials, bulletin boards, and other displays. At Home by High's digital and multi-media publications include, but are not limited to: slideshows, websites, social media sites such as Facebook and Instagram, videos and YouTube. This release will be kept by the Executive Director of At Home by High. Concerns should be directed to this position. I hereby grant At Home by High the irrevocable and unrestricted right to use and publish photographs or other images of me in any print, electronic, digital or other media for any legitimate purpose; and to alter the same without restriction. I irrevocably assign such photographs' and images' rights and uses to At Home by High into perpetuity. I hereby release At Home by High, its staff and representatives from all claims and liabilities relating to said photographs and images. I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I also understand that I will receive no compensation in connection with the use of my image.

Applicant 1

Printed Name : _____ Date: _____

Signature: _____

Please initial one of the following:

____ I agree to the above statement.

____ I disagree to the above statement and do not provide consent to use my image.

Applicant 2

Printed Name : _____ Date: _____

Signature: _____

Please initial one of the following:

____ I agree to the above statement.

____ I disagree to the above statement and do not provide consent to use my image.