

# Membership Information and Application

*Membership in Beacon Hill Village is open to older adults who live in central Boston neighborhoods and desire to age in their own homes and neighborhoods.*

## Our Neighborhoods

Beacon Hill Village membership includes residents of Back Bay, Beacon Hill, Fenway/Kenmore, Downtown, the North End/Waterfront, South and West Ends.

Membership is primarily open to these central Boston neighborhoods because it is important for members to be within reach of our cultural and social programs, and for us to be able to arrange for services such as handymen, computer help, homecare and grocery shopping.

However, some members live in adjacent neighborhoods or municipalities. Please call us to discuss if you live outside of our core central Boston neighborhoods.

## Membership Fees

Annual fees are \$975 for a household, \$675 for an individual. A one-time 6-month membership is available for those wanting to 'try out' the Village. Fees are \$535 for a household and \$375 for an individual.

In addition, individuals age 60+ with limited incomes may be eligible for subsidized membership for which fees are \$110 for an individual and \$160 for a household. Financial eligibility is tied to Boston Planning and Development Authority (BPDA) affordable housing income limits which are updated annually.

The most recent rates were \$83,120 or less for individuals; \$95,040 or less for households. Funding for this program is limited. Please call BHV for more information. Inquiries and enrollment are strictly confidential. Depending on income, a \$250 credit that can be applied to programs and services accessed through BHV also may be available.

Please call us at  
617-723-9713 if you  
have questions.



Map courtesy of [aaccessmaps.com](http://aaccessmaps.com): [www.aaccessmaps.com/show/map/boston overall](http://www.aaccessmaps.com/show/map/boston%20overall)



# Membership Application and Agreement

Beacon Hill Village provides information and services, sponsors recreational and educational activities and fosters a strong sense of community so that older adults in central Boston neighborhoods can live their lives to the fullest independently in their own homes.

Name(s) please print: \_\_\_\_\_

Birth date(s) for each member: \_\_\_\_\_

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

Telephone number(s): \_\_\_\_\_

Email(s) for each member: \_\_\_\_\_

I/we wish to enroll as:

**Individual Member:**

**Household Member:**

☐ Full-year (\$675)

☐ Full-year (\$975)

☐ 6-month Introductory\* (\$375)

☐ 6-month Introductory\* (\$535)

\*Full-year (12 month) memberships will be available following the 6-month introductory period

*For reduced-fee membership, please call the office.*

☐ Check made payable to Beacon Hill Village enclosed \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my ☐ MC ☐ VISA

We do not accept American Express or Discover.

Card Number: 

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Name as it appears on card \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Billing address if different from above \_\_\_\_\_

So that Beacon Hill Village can meet the needs of its member, I agree that third-party providers may share non-medical data with the Village staff, and that the staff may consult my contacts in case of health or safety concerns.

Payment of the membership fee constitutes an agreement to (i) release and discharge Beacon Hill Village from all responsibility or liability for services rendered by any third-party providers, and (ii) hold Beacon Hill Village harmless from and against any cost, expenses, or damages (including without limitation, reasonable attorney's fees) arising in connection with any and all claims brought by or through the member, including but not limited to claims brought by the member's insurance carrier.

Beacon Hill Village reserves the right to deny or discontinue membership in the event that it determines that an individual's or household's membership is incompatible with the organization's purpose and/or capacities. In making this determination, the needs of the Village, its members, service providers, volunteers, and the undersigned member(s) in particular, are considered.

I have read and understood this application form, and I hereby apply to become a member of Beacon Hill Village under the terms and conditions described.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Beacon Hill Village \_\_\_\_\_ Membership Effective Date \_\_\_\_\_

Name and Title \_\_\_\_\_