



## Membership Enrollment

*Information you provide on this form will not be shared with anyone outside Lancaster Downtowners leadership and staff. We will only use your email address to share information with you relevant to the mission and services of Lancaster Downtowners.*

**Membership Type (check one):**      ☐ **Individual**      ☐ **Household**  
**(See the chart at the end of this application for the Annual Membership Dues based on income and membership type.)**  
**Date:** \_\_\_\_\_

Membership entitles you to participation in all Downtowner planned events and services as they become available.

First Name:		Last Name	
Address:		Apartment:	City:
State:	Zip:	Phone (H): Phone (C):	Birth date:
Email:		Employment Status:	

### Information for additional household member(s)

First Name:	Last Name
<i><b>Please submit a complete enrollment form for each member of a household.</b></i>	

### Emergency contact information

Name:	Relationship:	
Address:	Phone (H):	
Email:	Phone (C):	

### ***What happens next?***

Thank you for your interest in Lancaster Downtowners. Soon after enrolling for membership, you will receive a mailing inviting you to all upcoming programs. Someone from our Membership Committee will also be in touch soon to welcome you to our group. In the meantime, please visit our website [www.lancasterdowntowners.org](http://www.lancasterdowntowners.org) to learn more, to request volunteer services, to apply to become a volunteer, or to view our Services Providers listing and other community resources.

***Please answer the questions on the reverse side of this form to let us know about your interests, professional experience, etc. Send your completed enrollment form to:***

Lancaster Downtowners  
 118 N. Water Street, Suite 103  
 Lancaster, PA 17603

## What matters to you?

Please indicate which social events, educational programs or services listed below that are high priorities for you. These are just a sampling of what Lancaster Downtowners offers. Feel free to contact our Program Committee (*events/programs*) or our Just One Call Coordinator (*services*) if you ever have other ideas or needs.

### SOCIAL EVENTS

- ☐ Wellness/fitness activities
- ☐ Concerts
- ☐ Movies
- ☐ Book/topic discussions
- ☐ Luncheons
- ☐ Supper clubs
- ☐ Day Trips
- ☐ Speakers (circle: day or eve)
- ☐ Other ideas:

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### EDUCATIONAL PROGRAMS

- ☐ Medicare/Health/Prescription insurance
- ☐ Staying healthy
- ☐ Using smart phones/computers
- ☐ Long-term care insurance
- ☐ Home safety
- ☐ Arranging for in home personal care
- ☐ Downsizing
- ☐ Estate Planning
- ☐ Cohousing
- ☐ Other ideas:

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### SERVICES

#### Household Services

- ☐ Assistance with computer/cell phone setup or troubleshooting
- ☐ Daily check-in phone calls
- ☐ Household cleaning
- ☐ Home repair and adaptation
- ☐ Rearrange furniture, hang curtains
- ☐ Install/remove storm windows
- ☐ Home delivered meals
- ☐ Assistance with household paperwork
- ☐ In-home companionship
- ☐ Water plants, pick up mail etc. during vacation
- ☐ Pet sitting/walking
- ☐ Other needs:

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### MORE SERVICES

#### Transportation

- ☐ Rides to doctor or other appointments
- ☐ Grocery shopping trips
- ☐ Take car for repair
- ☐ Rides to train station
- ☐ Pick up service following evening event
- ☐ Other needs:

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## How can you get involved?

We hope you will participate in many activities and will utilize the Just One Call services. Our events and services depend on the participation and expertise areas of our volunteers. **Please indicate the ways you would like to volunteer to help maintain and strengthen the organization's programs and services:**

#### Become a Just One Call Volunteer

- ☐ Transport members to Dr. and other appointments in your car
- ☐ Do light house work
- ☐ Cooking & delivering meals
- ☐ Snow shoveling and yard maintenance
- ☐ Computer trouble shooting
- ☐ Assistance with insurance forms

- ☐ Personal visit for company
- ☐ Simple household repairs
- ☐ Dog walking
- ☐ Daily phone call to member who requests check-in

#### Join a Committee

- ☐ Social/Program Committee  
*Plan & advertise social & educational events*
- ☐ Membership Committee

*Recruit & welcome new members*

- ☐ Just One Call Committee  
*Develop volunteer programs to assist members as they age at home*

- ☐ Communications Committee  
*Develop internal and external communications and PR*

- ☐ Fundraising Committee  
*Seek and pursue opportunities to raise finances*
- ☐ Resource Committee  
*Maintain a list & feedback of companies & professionals who*

- provide home maintenance, household & senior services*
- ☐ Nominating Committee  
*Recommend members & community members for service*
- ☐ Administrative volunteers

*Assist committees with office tasks & special projects including computer tasks*

### ***Please tell us a bit about yourself(selves):***

Since our organization depends on the participation and expertise of our members, we would be interested in knowing about your experience, skills and interests.

### **Vocational/Professional Experience**

### **Other Skills**

### **Interests, Hobbies, Passions—whatever you'd like to share**

## ***Demographic Information***

We want to collect some demographic information to better understand our members and who we work with! This section is optional, and the data collected here will be used to understand our members as a whole, who we support, and how we might improve our programs.

### **RACE**

- ☐ American Native/Alaskan Native
- ☐ Asian American/Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ White
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to answer

### **ETHNICITY**

Do you identify as ethnically Hispanic or Latinx? \_\_\_\_\_

### **LANGUAGE**

What is your primary language?  
\_\_\_\_\_

Do you speak any other languages?  
\_\_\_\_\_

### **GENDER IDENTITY**

- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to answer

### **SEXUALITY**

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to answer

### **OTHER INFORMATION**

Is there any other information you would like to provide us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The programs and services of the Lancaster Downtowners are supported in part by Membership Dues. Membership dues are determined based on household size and self-reported income.

If you have questions about payment, please contact the office at 717-584-1224.

	<b>12 Month Membership</b>	<b>6 Month Membership</b>
<b>NEW Member Individual</b>	N/A	\$70
<b>Individual</b> – Annual Income Over \$29,050	\$190	\$95
<b>Individual</b> – Annual Income Under \$29,050	\$95	\$47.50
<b>Individual</b> - Steeple View Lofts Resident	\$76	N/A
<b>NEW Member Household of 2</b>	N/A	\$115
<b>Household of 2</b> – Annual Income Over \$33,020	\$344	\$172
<b>Household of 2</b> – Annual Income Under \$33,020	\$172	\$86
<b>Household of 2</b> – Steeple View Lofts Residents	\$161	N/A
<b>More Than a Meal</b>	Grant Funded	N/A