



# Membership Application

Must be filled out completely

Client ID # \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Complex: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Live alone:  Yes  No

Physical Disability: \_\_\_\_\_

Mobility Device: \_\_\_\_\_ Wheelchair:  Yes  No

**This section optional**

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Poverty Level:  Above  Near  Below

ETHNICITY:  White  Black  Am. Indian or Alaskan Native  Hispanic  Asian or Pacific Islander

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**METHOD OF PAYMENT**

Membership Fee: **\$25.00** \_\_\_\_\_

Master Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Visa No. \_\_\_\_\_ Exp. \_\_\_\_\_

Discover No. \_\_\_\_\_ Exp. \_\_\_\_\_

Check No. \_\_\_\_\_

Cash Amount: \_\_\_\_\_

Do you wish to use your credit card to pay for future transportation?  Yes  No

Submit completed application with membership fee to:

**EZride Program**  
13945 Evergreen Avenue  
Clearwater, FL 33762

**BILL TO: DIFFERENT FROM CUSTOMER**

**Name:** \_\_\_\_\_

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

**Complex:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Would you like us to send information about the EZride<sup>sm</sup> Program to a relative, friend, or business?**

**Name:** \_\_\_\_\_

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

**Complex:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**WHY IS NEIGHBORLY CARE NETWORK COLLECTING YOUR SOCIAL SECURITY NUMBER?**

Your social security number is confidential under law. We may not collect your social security number unless we explain to you in writing the reason we need it. Neighborly Care Network is collecting your social security number as part of its responsibility to conduct assessments. We do this in order to determine benefits or services, including federal benefits that may be right for you. If there is any other reason, it will be listed below.

We will not use or give out your social security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency.

We are committed to providing quality service; however, you have the right to appeal or request further information, in writing, on any decision made regarding services you are requesting or receiving at any time during this registration process or at any time during service provision. You may also appeal to the Area Agency on Aging if we are unable to resolve an issue to your satisfaction. The Neighborly Care Network "Notice of Privacy Practices" is posted on our buses or may be requested by calling the number at the top of this form.