

**OFFICE USE ONLY**

Access

Quick books

Day to Day

Email

Appeal



**OFFICE USE ONLY**

\$45 Membership

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Key Tag Provided

2728 Asbury Suite 330 Dubuque, IA 52001-2975 563-451-4999

## MEMBERSHIP APPLICATION

(Complete One Form Per Member)

### MEMBER CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Dwelling Information:  Private Home  Assisted Living  Independent Living  Other

Alternate mailing/other residence address: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Do you check e-mail daily?  Yes  No

### BILLING INFORMATION

Will you take care of payments to DuRide?  Yes  No If no, who will be taking care of your account?

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

### EMERGENCY CONTACT INFORMATION

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

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

Phone(s): (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip

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

Phone(s): (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**MEMBER PERSONAL INFORMATION**

*Your privacy is of utmost importance to us, and all personal information is confidential. This information will never be sold or shared with anyone outside of the DuRide organization. The following information is used for research and development of grants, programs and partnerships and allows DuRide and the community to determine how successful we are in accomplishing our mission.*

**GENDER**  Male  Female Birth Date: \_\_\_/\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_  
MM/DD/YYYY (Must be 65+)

**RACIAL/ETHNIC SELF-IDENTIFICATION** (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White           | <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Multi-Racial           | <input type="checkbox"/> Native American/Alaskan Native   |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Prefer not to answer   |   |

**SPECIAL NEEDS** (please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cane                            | <input type="checkbox"/> Walker                       | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Visually impaired               | <input type="checkbox"/> Blind                        | <input type="checkbox"/> Deaf             |
| <input type="checkbox"/> Anxiety disorder                | <input type="checkbox"/> Alzheimer's/Dementia         | <input type="checkbox"/> Balance issues   |
| <input type="checkbox"/> Bladder or Bowel Control Issues | <input type="checkbox"/> Physical Assistance Required | <input type="checkbox"/> Seeing Eye Dog   |
| <input type="checkbox"/> Other Special Needs: _____      |   |   |

**VEHICLE ACCOMODATIONS** Types of vehicles that you can ride in (please check all that apply)

- Car
- Small SUV
- Large SUV
- Small pickup truck
- Large pickup truck
- Van

**PROGRAMS**

Would you like more information about these DuRide programs?

- Office Volunteer: I would like to help in the office on a regular or irregular basis.
- Car Trade or Donation: I would like to donate or trade a vehicle for account credit or donation.
- Gifts to DuRide: I would like to know more about giving a gift to DuRide.
- I would like to know more about planned giving, estate or memorial gifts to DuRide.

# AGREEMENTS

## PERSONAL TRANSPORTATION ACCOUNT

DuRide is a charitable non-profit service supported by your membership dues and fares (which cover approximately half of the true cost of rides). Community grants and donations cover the rest.

You will be billed monthly for your rides and annually for your membership. Your account can be funded in advance, and you, your family, or friends can contribute to your account on your behalf at any time.

By your signature below, you will be agreeing to:

- 1) **Become a Member.** Return this application with your \$45.00 membership fee to activate your membership. You will be billed annually on your anniversary date for your annual fee.
- 2) **Billing and Payments.** You will be billed monthly for rides you have taken for the prior month. Rides are \$4.00 one way (\$8.00 round trip), except to the Dubuque Regional Airport, which is \$7.50 one way. As DuRide is a non-profit organization, please pay promptly.
- 3) **Treat Your Driver Kindly.** DuRide depends on the kindness and generosity of our volunteers. Please be on time, and please be courteous. Your driver is a volunteer who chooses to donate time to DuRide and to you. Please wear a seat belt at all times.
- 4) **We Reserve the Right** to deny or withdraw membership in DuRide for any reason.

## ADDITIONAL MEMBER AGREEMENTS

In addition to the above, you agree to:

- 5) **Schedule in Advance.** Call 451-4999 to schedule or reschedule a ride at least 24 hours in advance during office hours of 9 a.m. to 4 p.m. Monday through Friday. We need to give your driver at least a 24-hour notice; You may leave a message after hours that we will retrieve the next business day.
- 6) **Identify the car and driver.** Look for the DuRide logo on the window of the car and the name badge on your driver;
- 7) **Report any problems.** Call **451-4999** if you experience any problems related to your ride; after hours number is **582-2815**
- 8) **No Smoking!** Refrain from smoking during rides;
- 9) **No Tipping!** Tipping your Driver is NOT permitted, but do express your appreciation – feel free to compliment generously; and, last, but not least ...
- 10) **Smile.** Be on time, smile, enjoy your ride and your day. Get to know your driver. They love to talk!

By signing below, I am stating that the information contained is true and accurate and that I understand and agree to become a member of DuRide and abide by the conditions of membership. DuRide reserves the right to discontinue my membership at any time at its sole discretion, and I understand I may discontinue my membership at time for any reason.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attest: \_\_\_\_\_ Date: \_\_\_\_\_