

MECOSTA COUNTY COMMISSION ON AGING

12954 80th AVENUE, MECOSTA, MI 49332

231-972-2884

HOME MAINTENANCE PROGRAM

CONSUMER MEMBERSHIP RESPONSIBILITY

1. I am 55 years or older
2. I will pay a \$20.00 *non refundable* lifetime membership fee
3. I understand that Home Maintenance Program is a referral service only and that referred workers are not employees of the Mecosta County COA
4. I am responsible for the cost of all materials, labor and mileage
5. I will pay the worker directly upon completion of the job
6. I will notify the Mecosta County COA immediately if I am not completely satisfied
7. I must have current homeowners' insurance and understand that my homeowners insurance will be responsible for any damages that may result from the work provided by the Home Maintenance Program worker
8. I understand that the Mecosta County COA is *not responsible* for the manner or type of work done or any loss or damage resulting from the worker's service
9. I agree to do nothing that will be prejudicial or harmful to the Mecosta County COA or Home Maintenance Program

I understand that I may be responsible for any injuries, damage or loss to the Home Maintenance worker.

Cut along the double line and mail in bottom portion along with a \$20.00 check or money order. Please keep the top portion of membership regulations for your review.

CONSUMER MEMBERSHIP APPLICATION

I wish to become a member of the *Home Maintenance Program* at the Mecosta County COA. I have read the *membership regulations* of this application and agree to abide by them.

NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____

STATE: _____ COUNTY: _____ TOWNSHIP: _____

ZIP CODE: _____ VETERAN: YES ___ NO ___ RACE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH ___/___/___

EMERGENCY CONTACT PERSON AND PHONE NUMBER:

SIGNATURE: _____ DATE: _____