

**MECOSTA COUNTY SENIOR CENTER**

12954 80<sup>TH</sup> Avenue, Mecosta, MI 49332  
231-972-2884 or 1-800-531-5381

**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 Senior Center.
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 Senior Center immediately if I am not completely satisfied.
7. I must have currant 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 Senior Center 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 Senior Center or Home Maintenance Program.



**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 Senior Center. I have read the *membership regulations* of this application and agree to abide by them.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_