



## Membership Benefits

Consult the following chart to determine which membership level is right for you!

Chicago Hyde Park Village Services	Full Member \$500*	Access Member \$100	Associate Member \$125*	Non-member
Medical Appointment Companion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rides to medical appointments, shopping, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rides to CHPV events	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Access to CHPV membership directory	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduced cost for paid programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Referrals (unlimited online access)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource Referrals (by contacting office)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tech Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Village Visitor Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Educational Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Memory Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exercise Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Interest/Affinity Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Volunteer opportunities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\*For one individual. Cost of membership is higher for a household.

## Access Membership

Chicago Hyde Park Village (CHPV) prioritizes diversity, equity, inclusion, and accessibility for our members and within our community. We recognize that the income needed to maintain independence and meet daily expenses varies based on life circumstances. To help advance our mission, CHPV offers the Access Membership to enable our neighbors with lower incomes to join and integrate fully into Village life. Access Membership primarily affords qualifying members the benefits of Full Membership (\$500+ value) at the substantially lower price of \$100. To be eligible for CHPV Access Membership, an applicant must either currently participate in the Illinois Benefit Access Program (<https://ilaging.illinois.gov/benefitsaccess.html>) or meet those income requirements. Please contact us to learn more about Access Membership for you or for someone you know.



## Access Membership Application

Please complete the following application to be considered for CHPV's Access Membership. Application information is confidential. Applications are reviewed monthly by the executive director.

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Your Name

Optional: Date of Birth (MM/DD/YY)

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Street Address

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City, State, ZIP

H:

C:

Phone Number (Home & Cell)

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Email Address

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Optional: Spouse Name, Cell Phone, & Email Address

Do you wish to include your spouse on your membership? ☐ Yes ☐ No

**Emergency Contact (Whom should CHPV contact if something happens at a CHPV activity?):**

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Emergency Contact Name

Relationship

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Phone

Email

**Which member services and benefits do you anticipate using? Please check all that apply.**

<input type="checkbox"/>	Member pricing for paid CHPV events (outings to museums, theatre, dining)	<input type="checkbox"/>	Member pricing of our programs (outings to museums, theatre, dining)
<input type="checkbox"/>	Education webinars, workshops, and presentations	<input type="checkbox"/>	Transportation to appointments, errands, etc.
<input type="checkbox"/>	Individual assistance finding services	<input type="checkbox"/>	Transportation to CHPV events
<input type="checkbox"/>	Medical appointment companions	<input type="checkbox"/>	Vetted trained volunteers for services
<input type="checkbox"/>	Volunteer opportunities within CHPV	<input type="checkbox"/>	Referrals to third-party service providers
<input type="checkbox"/>	Affinity & Support Groups	<input type="checkbox"/>	Health and fitness classes



Directory Visibility	Options - Choose ONE	
CHPV publishes a Members-Only Directory. You may choose the level of disclosure. Please choose only ONE option. If no choice is selected, the "default" is Name & City. The elements displayed: Name, Street Address, City/St/Zip, Phones (all or none), & Email Address.	All Shown	<input type="checkbox"/>
	No Email	<input type="checkbox"/>
	No Street Address	<input type="checkbox"/>
	No Street or Phones	<input type="checkbox"/>
	Name & City (default)	<input type="checkbox"/>
	Do Not List	<input type="checkbox"/>

## Volunteer your Interests or Skills:

- ☐ Programs  
 ☐ Fundraising  
 ☐ Partnerships  
 ☐ Membership  
☐ Member Services/Volunteers  
 ☐ Communications

To be eligible for CHPV Access Membership, an applicant must either currently participate in the Illinois Benefit Access Program (<https://ilaging.illinois.gov/benefitsaccess.html>) or meet the following income requirements:

## Total income\* last year must be:

Less than \$33,562 Household containing one person	Less than \$44,533 Household containing 2 persons	Less than \$55,500 Household containing 3+ persons
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\* Total income note: You must factor in your spouse's income if married and living together on December 31 of last year. If your spouse died last year, consider only your income.

## Affidavit of eligibility for CHPV Access Membership:

- ☐ **YES!** I/we meet the income requirement outline above for CHPV Access Membership.

Or...

- ☐ **YES!** I/we currently participate in the Illinois Benefit Access Program.

**X**

Signature

Date

Please return both application pages and to the address above. Application does not guarantee membership. The quantity of Access Memberships is limited. CHPV will contact you regarding your application and, if approved, to arrange payment.