AARP®

Chapter 1917

MEMBERSHIP REGISTRATION FORM

Last Name_____First Name_____

Spouse Name (if joining together)_____

Address_____

City/State/Zip_____

Phone number preference_____

E-mail address (Please print carefully)_____

From your AARP National card:

National Membership ID#_____Expiration Date_____

Membership requirement: You must be a paid-up member of the National AARP organization to become a Chapter 1917 member.

Chapter Membership fee is $7.00 per person/per calendar year.

Make checks payable to: AARP Chapter 1917

Mail to: MEMBERSHIP, AARP 1917, PO Box 4193, Ocean City, MD 21843

Your cancelled check will serve as your receipt.

Meetings are held the second **Wednesday** of each month (except July and August) at the Worcester County Senior Center, Ocean City, located at 41st St., next to the Convention Center. Coffee and conversation at 9:30 am, meeting at 10am.

Visit our website www.aarp1917.org or friend us on Facebook at AARPCHAPTER1917