



Chapter 1917

MEMBERSHIP REGISTRATION FORM

Number _____
Check _____
Cash _____

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 Thursday 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](https://www.facebook.com/AARPCHAPTER1917)