

2016 - 2017

SOUTH COASTAL DE AARP CHAPTER 5226 NEW MEMBER AND RENEWAL FORM

Your renewal must be received by November 17, 2015 in order to receive your newsletter

(Please complete the form in its entirety by typing or printing legibly.)

CHECK ONE: New Member Renewing Member Date _____

Name (Mr., Mrs., Ms., Miss) _____

Name Tag: _____

Address: _____
Street or P.O. Box

City State Zip Code

Telephone: _____ Email Address: _____

How do you want to receive newsletters and information? US Mail or Email
Membership renewal is \$7 if using email and \$10 if using US Mail. If 2 members are in the household you need to pay only one \$3 fee if using US Mail.

National AARP Membership No. _____ Expiration: _____
Your national membership number and expiration date are on your membership card and also on the mailing label of *AARP The Magazine*. Membership in National AARP does not make you a member of your local chapter.

Current/Previous Occupation _____

Service To Your Chapter

Our philosophy is that everyone does his/her share to help make the program a success.
Please check your interest in volunteering to serve on any of the following chapter committees or other positions:

Committees/Officers/Board of Directors

Chapter Newsletter Community Service Host/Hostess Legislative

Membership Program Public Relations Scholarship Tours

Would you consider serving as: Officer Board Member Committee Chair

Chapter Activities of Interest To Me

Bingo Bowling Chorus Crafts Scrabble Tours _____

Other (please specify) _____

Signature

Please return your application with your annual \$7 (Email) or \$10 (US Mail) membership dues per person (checks only), payable to South Coastal DE AARP Chapter #5226 to:

Enid Levine, 38019 East Chester Lane, Ocean View, DE 19970
Phone: (302) 541-5639