

SOUTH COASTAL DE AARP CHAPTER 5226

NEW MEMBER AND RENEWAL FORM

Your renewal must be received by Nov. 15 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 +4 _____

Telephone: _____ **Email Address:** _____

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 Tour planning

Would you consider serving as: Officer Board Member Committee Chair

Chapter Activities of Interest To Me

Bingo Bowling Chorus Crafts Tours
 Scrabble Other (please specify): _____

Signature

I would like to receive chapter newsletters by (Choose one only): Email US Mail

Annual membership dues are \$7 if you receive the newsletter by email or \$10 if you prefer to receive the newsletter by US Mail (to defray printing and postage costs). Please return your application with your annual dues per person (checks only), payable to South Coastal DE AARP Chapter #5226 to:

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