



Number People	_____
Check	_____
Cash	_____

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. Membership cards are not issued.

Meetings are held the second **Wednesday** of each month (except July and August) at the Ocean City 50 Plus Center, located at 41st St., next to the Convention Center.

Coffee and conversation at 9:30 am, meeting at 10 am.

Visit our website www.aarp1917.org or friend us on Facebook at [AARPCHAPTER1917](https://www.facebook.com/AARPCHAPTER1917)