



Chapter 1917

MEMBERSHIP REGISTRATION FORM

Number _____
Check _____
Cash _____
Card _____

Last Name _____ First Name _____

Spouse Name (if joining together) _____

Address _____

City/State/Zip _____

Phone number preference _____

E-mail address _____

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

Please include a stamped self-addressed envelope; otherwise your membership card must be picked up at the membership table at a membership meeting.

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)