Wednesday
February 21  1:00 p.m.
9 Steps to Successful Aging

Mark Carlson, MD

Dr. Carlson is a fellowship-trained, board-certified Gerontologist, Internist and Oncologist with 25 years of healthcare experience. The foundation of Dr. Carlson’s presentation comes from the renowned Blue Zone study where some of the world’s best researchers in “successful aging” identified communities around the world with high concentrations of centenarians. These regions were labeled the “Blue Zones.” These communities share common habits that lead to successful aging. They identified lifestyle characteristics that likely contribute to this longevity. Dr. Carlson will share these 9 characteristics and the simple ways you can integrate them into your life.

Day-trip to Waco
Date: February 20, 2018
Check-in at 8 am with Rosie at Seniors Center. Departure promptly at 8:30 am
Wear your name tags and comfortable shoes and clothes
Park in the very back away from the entrance to leave parking space for regulars who attend the Center. Enrollment will stop at 40 participants. You may call Rosie Perez at 512-440-7050 or email rosie9708@gmail.com to see if there are any seats left.
I am looking forward to seeing your smiley faces.

Health Update
Barbara Kaiser

Osteoarthritis
Osteoarthritis is the most common form of arthritis. OA is a disease that affects the cartilage and bone in a joint, causing pain, stiffness, swelling, etc. The cartilage provides a smooth gliding surface and acts as a cushion between the bones.

Keep Moving
If you do not move and exercise, the muscles surrounding the affected joint will become weaker, smaller and lose their ability to support the joint. This can lead to more joint pain.

This information is paraphrased from an Arthritis Foundation Education Series.

Membership Dues
Barbara Fetonte

2018 dues are due now. Dues are $10 a year and well worth it. The membership year is from January 2018 to December 2018. To be current in your dues, you must pay your dues sometime between October 2017 and March 1. If your 2018 dues are not paid by March 1, 2018, you will be dropped from the current South Austin Chapter roles. If you are not sure if your dues are current, please send an email to bfetonte@gmail.com or call me at 512-497-1432 and I will check. The membership form is on the last page of the newsletter. You can pay your dues at the February meeting or mail the form and a check to Barbara Fetonte at 8301 Washita Drive, Austin, Texas 78749. The check should be made out to AARP Chapter 2426.
AARP Foundation Tax Aide

AARP Foundation Tax Aide offers free, individualized tax preparation for low-to moderate-income taxpayers - especially those 50 and older - at more than 5,000 locations nationwide.

Before visiting a Tax-Aide site, please note:
You will need to bring your important documents to the site. The list is available on the website below.
Federal Tax assistance is available at all locations.
Site hours are subject to change on a weekly basis. Therefore, please check again the day before you plan to go to the site.

Area locations:

**SOUTH AUSTIN SENIOR ACTIVITY CENTER**
3911 MANCHACA RD, AUSTIN, TX 78704 - 6735
phone number: 512 978-2400.

**HOWSON LIBRARY**
2500 EXPOSITION BLVD, AUSTIN, TX 78703 - 1736
https://www.aarp.org/money/taxes/aarp_taxaide/?intcmp=AE-FOU-TAXAIDE-LOCATOR-IL

The primaries for the November 2018 election will be March 6. If you would like to vote by mail, below are the instructions.

**Application for a Ballot by Mail**

To be eligible to vote early by mail in Texas, you must:
- be 65 years or older;
- be disabled;
- be out of the county on election day and during the period for early voting by personal appearance; or
- be confined in jail, but otherwise eligible.

Instructions for submitting an Application for Ballot by Mail (“ABBM”):
- **Use** the ABBM form the last page of the newsletter.
- Complete Sections 1 through 8.
- Sign and Date Section 10.
- If you were unable to sign the application and someone witnessed your signature, that person must complete Section 11.
- If someone helped you complete the application or mailed the application for you, that person must complete Section 11.
- Affix postage.

Address and mail the completed ABBM
Dana DeBeauvoir
P.O. Box 149325, Austin 78714-9325

**FEBRUARY AND MARCH ACTIVITIES**

The previous plans to visit Chinatown have been changed. Additional information will be announced at our February meeting. I am awaiting schedule information from Chinatown Center which announced that the celebration will occur on Sunday Feb. 25th.

**FEBRUARY 23**

**RD FRIDAY** – Peoples Art Gallery at Austin City Hall
We will depart from Wheatsville at 5:15 p.m. to arrive at City Hall prior to the opening at 6:00 p.m. Be prepared to stand in a short line to go thru security. Carry a small purse. We went last year and had a good time. We will not stop for dinner as heavy snack food is provided at the event. If we are still hungry we may stop after the event for dessert.

**MARCH 3**

**RD SATURDAY** – Explore the University of Texas – An open house event with a visit to many campus buildings. This annual event always attracts a large crowd.

**MARCH 16**

**TH** – A trip to Mueller to visit an Irish pub prior to St. Patrick’s Day. More information at our February meeting.

EXPLORE AUSTIN BY PUBLIC TRANSPORTATION – For additional information contact Pat Thomas at 512-441-1485 or pthomas1@austin.rr.com

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February, 2018
Treasurer’s Report
Barbara Fetonte

Savings $25.00
Regular Checking $2413.64
Travel Checking $551.24

February Celebrations

Birthdays
Anita Werbner  Lucy Estrada  1
Helen White  1
Rita Painter  4
Joan Savoldeiil  5
Iola Canady  David Quinn  11
Dorothy Green  Delaine Brady  11
Carolyn Nottleson  12
Connie Flores  16
Brett Cotham  17
Myrtle Holmes  19
Bertha Lighthourn  Brenda Hahne  20
Anna Saenz  21
Althea Conrado  Steve Gravitt  23
Barbara Kelley  25

Anniversaries
Karin and Lloyd Matthys  7
Jim and Sue Harkin  14
Miles Abernathy  29

Volunteer Hours
Ed Gonzales
January Volunteer Hours: 424
Please bring your volunteer forms to the meeting!!

2018 Officers
And Committee Chairs

Officers
President:  Pete Skalnik  214-704-9562
Vice President:  Elaine Benton  512-799-2224
Secretary:  Ed Gonzales  512-444-3335
Assistant Secretary:  Marilyn Totten 512-280-8030
Treasurer:  Barbara Fetonte 512-282-1944
Assistant Treasurer:  Caryn Gulas  512-897-8106

Board of Directors (in addition to officers):
Mary Ragland  512-280-8661
Barbara Kaiser  512-282-0960
Al Prewitt  512-287-9847

Committee Chairs
Community Svc:  Pat Thomas  512-441-1485
Greeters:  Marilyn Totten-512-280-8030
Health:  Barbara Kaiser –512-282-0960
Gail Glick  512-547-4153
Hospitality:  Al Prewitt -512-287-9847
Legislative:  Debbie Galloway  512-217-1566
Membership:  Margaret Hughes  512-956-3297
Newsletter Editor And Web Manager:
Diane McGowan-512-892-4416
Newsletter Distribution:  Ray Vaughn 512-292-0982
Program:  Open
Phone Committee Chair
Elaine Benton  512-799-2224
Sunshine:  Doris Thorne  512-382-9130
Travel  Mario Macalouso  512-432-5255

Debra Galloway participated in the women’s march in Las Vegas.
CIVIC AND/OR COMMUNITY SERVICE BY SOUTH AUSTIN AARP CHAPTER 2426 VOLUNTEERS

PLEASE BRING THIS INFORMATION TO THE CHAPTER MEETING

AND TURN IN TO: ED GONSES

Name__________________________ Address______________________ Phone____________

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<th>Category</th>
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<tr>
<td>AARP Annual Day of Service</td>
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<td>Fundraising for Community Service</td>
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<td>AARP Driver Safety Program</td>
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<td>Health &amp; Wellness</td>
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<td>AARP Tax Aide</td>
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<td>Long-term Care/Nursing Home Support</td>
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<td>Independent Living/ In Home Care</td>
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<td>Giving/Home Repairs</td>
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<td>Independent Living: Transportation</td>
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Total Volunteer Hours

South Austin Chapter 2426
Membership Renewal 2018

PLEASE PRINT

Name:__________________________________________________________
Address:__________________________________________________________
City:________________________State:________________Zip:______________
Phone Number:____________________________________________________
E-Mail Address: Please Print:________________________________________
Signature:________________________________________________________ Date:________________________

Dues are $10.00 per individual. Complete and bring this application with payment to the next meeting (checks should be made payable to: South Austin AARP Chapter 2426) OR this application and payment can be mailed to:
South Austin AARP Chapter 2426     Barbara Fetonte     8301 Washita Drive, Austin, TX 78749
Please check any committee(s) on which you are interested in serving:

______Program ______Membership ______Hospitality/Welcome ______Telephone
______Sunshine ______Nominating ______Legislative ______Community Service
______Health Care ______Public Relations ______Travel ______Ad Hoc

February, 2018
**Application for Ballot by Mail**

1. **Last Name** (Please print information)  
   **Suffix** (Jr., Sr., III, etc)  
   **First Name**  
   **Middle Initial**  
   **Contact Information (Optional)**  
   Please list phone number and/or email address:  
   * Used in case our office has questions.

2. **Residence Address:** See back of this application for instructions.  
   **City**  
   , **TX**  
   **ZIP Code**

3. **Mail my ballot to:** If mailing address differs from residence address, please complete Box # 7.  
   **City**  
   **State**  
   **ZIP Code**

4. **Date of Birth (mm/dd/yyyy) (Optional)**

5. **Reason for Voting by Mail:**
   - 65 years of age or older. *(Complete Box #6a)*
   - Disability. *(Complete Box #6b)*
   - Expected absence from the county. *(Complete Box #6b and Box #8)*
   - Confinement in jail. *(Complete Box #6b)*

6a. **ONLY Voters 65 Years of Age or Older or Voters with a Disability:**
   If applying for one election, select appropriate box.
   If applying once for elections in the calendar year, select “Annual Application.”
   **Uniform and Other Elections:**
   - [ ] May Election  
   - [ ] November Election  
   - [ ] Other ________
   **Primary Elections:**
   - [ ] Democratic Primary  
   - [ ] Republican Primary  
   - [ ] Any Resulting Runoff

6b. **ONLY Voters Absent from County or Voters Confined in Jail:**
   You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box.
   **Uniform and Other Elections:**
   - [ ] May Election  
   - [ ] November Election  
   - [ ] Other ________
   **Primary Elections:**
   - [ ] Democratic Primary  
   - [ ] Republican Primary  
   - [ ] Any Resulting Runoff

7. **If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions.**
   - [ ] Mailing Address as listed on my voter registration certificate  
   - [ ] Address of the jail  
   - [ ] Nursing home, assisted living facility, or long term care facility  
   - [ ] Hospital  
   - [ ] Retirement Center  
   - [ ] Address outside the county (see Box #8)

8. **If you selected “expected absence from the county,” see reverse for instructions**
   - Date you can begin to receive mail at this address
   - Date of return to residence address

9. **Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at:**
   - (early voting clerk’s e-mail address)
   - (early voting clerk’s fax)
   **NOTE:** If you fax or e-mail this form, please be aware that you must also mail the form to the early voting clerk within four business days. See “Submitting Application” on the back of this form for additional information.

10. **I certify that the information given in this application is true, and I understand that giving false information in this application is a crime.**

11. **SIGN HERE**
    If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

    If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

    If you assisted the applicant in completing this application in the applicant’s presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below.

    **If you are acting as Witness and Assistant, please check both boxes. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application.**

    **Signature of Witness/Assistant**
    **Printed Name of Witness/Assistant**
    **Witness’ Relationship to Applicant**

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*Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo al 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaría de Votación por Adelantado.*