

**MEMBERSHIP APPLICATION**  
**SOUTH AUSTIN AARP CHAPTER 2426**

web site: [www.southaustinaarp.org](http://www.southaustinaarp.org)

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

National AARP Number: \_\_\_\_\_

(Note: Membership in South Austin Chapter 2426 requires membership in National AARP)

E-Mail Address: **Please Print:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues are \$10.00 per individual; chapter newsletters will be provided only to current members.

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 Chapter 2426  
Bill Nicholson  
12512 Gun Metal Dr  
Austin, TX 78739

Remember if you are 85 or older, you are exempt from paying the yearly dues.

Thank you for your interest in our organization. How did you learn about South Austin AARP Chapter 2426? \_\_\_\_\_

Chapter meetings are held at 1:00 pm on the third Wednesday of each month at South Austin Senior Activity Center, 3911 Manchaca Road, Austin, Texas 78704. If you need more information, please contact Chapter 2426 President, Petr Skalnik at (214)704-8562.

I am interested in serving on the following committee(s): (see Volunteer opportunities )

\_\_\_ Program \_\_\_ Membership \_\_\_ Hospitality/Welcoming \_\_\_ Telephone

\_\_\_ Sunshine \_\_\_ Nominating \_\_\_ Legislative \_\_\_ Community Service

\_\_\_ Health Care \_\_\_ Public Relations \_\_\_ Travel \_\_\_ Ad Hoc