## South Austin AARP Chapter 2426 Annual Membership Renewal - 2022

## PLEASE PRINT

Name					
Address					
City					
Phone Number			National AARP Member No		
Birthday (Month and Day)/		Anniversary (Mont	_ Anniversary (Month and Day)		
E-mail Address (Print Clea	arly)				
Signature Date					
Dues are \$10.00 by cash Bring this form to the me to South Austin AARP Chapt South Austin AARP Chapt	eting or complete apter 2426).	and mail this renewal w	vith your paym	nent to (checks sho	
Please check any commit	tee(s) on which yo	u are interested in serv	ing:		
Program	Membership	Hospitality	<i>y</i> _	Telephone	
Sunshine		Communit		Health Care	
Travel (ad hoc)	Public Relation	ons Newsletter	£ .		