

MEMBERSHIP APPLICATION
SOUTH AUSTIN AARP CHAPTER 2426
web site: 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: _____

Member Birthday (month/day): _____

Anniversary (month/day/spouse name) _____

Signature: _____ Date: _____

Membership Information (based on calendar year)

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
Barbara Fetonte
8301 Washita Dr
Austin, TX 78749

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