

South Austin Chapter 2426 Membership Renewal 2018

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

National AARP membership 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/Welcoming _____ Telephone

_____ Sunshine _____ Nominating _____ Legislative _____ Community Service

_____ Health Care _____ Public Relations _____ Travel _____ Ad Hoc