



## St. Lawrence County Chapter #2831 of AARP, Inc.

[www.aarpchapter2831.org](http://www.aarpchapter2831.org) • [Facebook.com/aarp2831](https://www.facebook.com/aarp2831) • [aarp2831@gmail.com](mailto:aarp2831@gmail.com) • AARP #2831, P. O. Box 283, Potsdam, NY 13676

### Membership Form

Your 2019 membership fee is \$10.00 for the period Jan-Dec - renewable in December '19 for 2020. Make your check payable to AARP Chapter #2831 and send to the address above or give to an officer. You will receive a chapter membership card. We are required by National AARP to collect your National enrollment number and expiration date. See instruction below. To continue to receive information, 2018 membership expires by the end of January 2019.

(Please print responses)

NAME: \_\_\_\_\_  
First M.I. Last

ADDRESS: \_\_\_\_\_  
Street Address / P. O. Box City State Zip

PHONE: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROVIDE YOUR NATIONAL INFORMATION: either a copy of your red card or the label from the AARP Magazine or Bulletin. This is required by the National Office.

BIRTH MONTH/YEAR: \_\_\_\_\_ (Optional, but if 90+ chapter membership can be waived as long as your National dues remain current.)

Dietary Restrictions: \_\_\_\_\_

Hobbies/Volunteer Efforts? \_\_\_\_\_



## St. Lawrence County Chapter #2831 of AARP, Inc.

[www.aarpchapter2831.org](http://www.aarpchapter2831.org) • [Facebook.com/aarp2831](https://www.facebook.com/aarp2831) • [aarp2831@gmail.com](mailto:aarp2831@gmail.com) • AARP #2831, P. O. Box 283, Potsdam, NY 13676

### Membership Form

Your 2019 membership fee is \$10.00 for the period Jan-Dec - renewable in December for the following year. Make your check payable to AARP Chapter #2831 and send to the address above or give to an officer. You will receive a chapter membership card. We are required by National AARP to collect your National enrollment number and expiration date. See instruction below. To continue to receive information, 2018 membership expires by the end of January 2019.

(Please print responses)

NAME: \_\_\_\_\_  
First M.I. Last

ADDRESS: \_\_\_\_\_  
Street Address/P. O. Box City State Zip

PHONE: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROVIDE YOUR NATIONAL INFORMATION: either a copy of your red card or the label from the AARP Magazine or Bulletin. This is required by the National Office.

BIRTH MONTH/YEAR: \_\_\_\_\_ (Optional, but if 90+ chapter membership can be waived as long as your National dues remain current.)

Dietary Restrictions: \_\_\_\_\_

Hobbies/Volunteer Efforts? \_\_\_\_\_