Princess Anne Chapter #5119 of AARP, Inc.

Membership Information Form

***“TO SERVE, NOT TO BE SERVED”***

***Your personal information and responses will be kept confidential.*** Local membership dues are $20.00. Please make your check payable to **Princess Anne Chapter #5119 of AARP, Inc. and mail it to the following address: Princess Anne Chapter #5119 of AARP, Inc., 1107 Princess Anne Road – PO Box 7075, Virginia Beach, Virginia 23457**

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| --- | --- |
| **Name** | **Last First Middle Initial** |
| **Mailing Address** | **Home Address City State Zip Code** |
| **Email Address** |  |
| **Birthday Information** | **Month Date Only** |
| **Spouse’s Name and Birthday Date (if applicable)** | **Name Month Date Only** |
| **Wedding Anniversary Date** |  |
| **Telephone Number** |  |

***Are you or your spouse presently in the Military or a Veteran?***

* **You**
* **Spouse**
* **NA**

***Are you currently a caregiver?***

* **Yes**
* **No**

***Are you a current member of the National AARP?***

* **Yes**
* **No**

***Please indicate which committee(s) you are interested in serving on:***

* **Membership Committee**
* **Nominating Committee**
* **Program Committee**
* **Legislative Committee**
* **Community Service Committee**
* **Public Relations Committee**
* **Health Committee**
* **Recreation/Social Activity Committee**

***Thank you for your commitment!***