



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: PO Box 6482, Virginia Beach, Virginia 23456

Name	Last	First	Middle Initial
Mailing Address	Home Address Zip Code	City	State
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!