

Detach and
mail this form
with your
payment to:

AARP

Member Center

P.O. Box 93143,
Long Beach CA
90809

Keep this portion
for your records.

Term:

- ☐ 1 year
☐ 3 years
☐ 5 years

Date:

Check Number:

FREE Gift with Membership

☒ **Yes, I want to** join or renew with AARP and receive a **FREE Gift**.

☐ 1 year = \$16 ☐ 3 years = \$43 ☐ 5 years = \$63 (*best value!*)

☐ Check enclosed, payable to AARP. (*no cash, please*)

My Name (*please print*) _____

Address _____ Apt _____

City _____ State _____ Zip _____

Your date of birth ____/____/____
 month day year

For FREE Spouse/Partner Membership:

Their Name (*please print*) _____

Their date of birth ____/____/____
 month day year

Keycode: KBJAD7

2nd
Membership
included

AARP

Real Possibilities