



## Membership Application

YES! I want to join the Alliance and help protect Social Security and Medicare for generations to come. Enclosed is \$10 for a one-year individual/couple membership.

I am enclosing an additional contribution of \$ \_\_\_\_\_ Total Amount Enclosed: \$ \_\_\_\_\_

*Please print*

Name: \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Chapter Name & Number (if applicable): \_\_\_\_\_

**Please make your check or money order payable to: Alliance for Retired Americans.**

Please mail this form to the Alliance for Retired Americans at 815 16<sup>th</sup> Street, NW, Washington, DC 20006.

**For credit card payment, fill out below:**

Please charge: \$ \_\_\_\_\_ to my:  MasterCard  VISA  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Dues and contributions are not tax deductible. Please allow six weeks for delivery of your membership packet