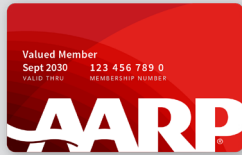


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Using just one benefit can pay for the cost of membership.

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*off AARP standard yearly price for your first year

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Mail-in Membership Activation Form

Check or money order enclosed, payable to AARP.
(Send no cash, please.)

- ☐ 1 year/\$20
☐ 3 years/\$55
☐ 5 years/\$79



VGCDUHCM
BA25608ST



Your Name (please print) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Date of Birth _____ / _____ / _____
Month Day Year

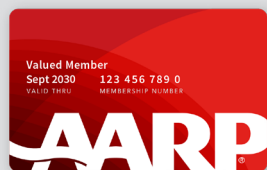
FREE Membership for Household Member

Spouse's/Partner's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

AGT

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- ✓ Dental Coverage
- ✓ Hearing Care Discounts
- ✓ Vision Care Discounts
- ✓ AARP Medicare Resource Center
- ✓ Personalized Nutrition Resources
- ✓ Healthy Food Delivery Service
- ✓ AARP Hearing Center
- ✓ Family Caregiving Resources
- ✓ AARP Staying Sharp



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