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

2nd Membership included

For FREE Spouse/Partner Membership:

Their Name *(please print)*_____

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

Keycode: KBPAH8

AARP®
Real Possibilities