

ACTIVE RETIREMENT ASSOCIATION
MEMBERSHIP FORM

Please print out this page and fill in the information.

Last name	First Name	Middle Initial
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Last name	First Name	Middle Initial
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Address (Street or P.O. Box)

City/Town	State	Zip Code	Telephone
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E-mail Address

Each fall the ARA Membership List will be distributed to members. Please check one of the following:

- Yes, please include my name, address, and telephone number.
- No, please do not include my name, address, and telephone number.

From time to time we need people with special skills to carry on the work of ARA. Please check those areas below in which you would be willing to help. Thank you!

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Photographer | <input type="checkbox"/> News Writing |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> A-V Equipment | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Word/Data Processing | |

Presenter/Lecturer, Subject: _____

Other: _____

Enclose your check or money order in the amount of \$45.00 per membership made payable to ARA. Mail the form and payment to:

*Active Retirement Association
P.O. Box 421
Durham, NH 03824-0421*