

ACTIVE RETIREMENT ASSOCIATION

Member Survey:

> Please circle: **NEW MEMBER** or **PAST/CONTINUING MEMB.** (Last year of membership____.)

> **How did you learn about ARA?** Circle where appropriate: Website, Friend, Newspaper, Poster, Town of Durham: "Friday Updates", Other _____

> We always need people with special skills/experiences to carry on the work of ARA. Please circle the areas in which you would be willing to help: Accounting, A/V Equip., Calligraphy, Cooking/Food prep, Graphic Design, News writing, Photography, Web Design, Word/Data Processing, Presenter/Lecturer – subject_____.

> Please consider participation in any of the following committees. Circle your choice(s): Audio/Visual, Cultural Tours, Facilities, Hospitality, Membership, Memorial Fund, Programs, Publications, Publicity.

The ARA Membership List will be ready in December. Please check one of the following:

___ **Yes**, please include my name, address, phone number and e-mail. (Membership use only)

___ **No**, please do not include my address, phone number and e-mail.

ARA - APPLICATION FOR MEMBERSHIP

Please complete the form below, enclose your check or money order in the amount of \$50.00 per membership made payable to the ARA, and mail with the required postage. Dues are nonrefundable.

▶			
Last Name	First Name	Tag/nickname	Middle Initial
▶			
Last Name	First Name	Tag/nickname	Middle Initial
▶			
Address	City/Town	State	Zip Code
▶			
Telephone	E-mail		