



# Active Retirement Association

## ARA Membership Form

New Member(s)

Returning Member(s)

**Please print clearly!**

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#1 Last Name	First Name	M.I.	Tag/Nickname
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#2 Last Name	First Name	M.I.	Tag/Nickname
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Street	City/Town	State	Zip code
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Primary Phone Number

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Second Contact Number

#1 Email \_\_\_\_\_ #2 Email \_\_\_\_\_

How did you hear about the ARA? \_\_\_\_\_

Do you have special interests, background, hobbies, etc. that you are interested in pursuing/sharing?  
(Please indicate whether you are interested in pursuing these interests OR sharing.)

**Permissions: Please check that you agree.**

**Member**

**#1 #2**

While ARA sends our program schedules and tour announcements via U.S. mail, most other communications are via email. We do **not** sell or use your information for third-party solicitation purposes. Please check this box if you **agree** to email communications.

**Please note: If you do not agree, you may not receive some event announcements and cancellation notices.**

(over)

