

Blacksburg Chapter Member Application

Name: _____

Spouse/Partner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Annual (*Calendar Year*) Dues: **\$15.00** (*includes spouse or partner*)

New ___ Renewal ___ 90+ years old (free) ___

Please consider an additional donation to support our AARP chapter and its projects. \$10 ___ \$25 ___
\$50 ___ \$100 ___ Other \$ ___

Donations to the Blacksburg Chapter help us carry out our mission and community service activities while keeping member dues as low as possible. However, donations to the chapter are not tax deductible.

Please make your check payable to "Blacksburg AARP Chapter #2613."

Mail the check and this form to: P.O. Box 10082 • Blacksburg, VA 24062