



Office Use Only – 09/2013

Membership #: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 GHP: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

**AARO MEMBERSHIP APPLICATION – PLEASE PRINT THIS PAGE!**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Post Code, Country: \_\_\_\_\_

Home ☎: (+\_\_\_\_\_) \_\_\_\_\_ Cell ☎: (+\_\_\_\_\_) \_\_\_\_\_

Work ☎: (+\_\_\_\_\_) \_\_\_\_\_ Fax ☎: (+\_\_\_\_\_) \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Applicant Date of Birth (mm/dd/yyyy): \_\_\_\_\_

US Citizen? (non-US citizens may become associate members): \_\_\_\_ Yes \_\_\_\_ No US Voting State? \_\_\_\_\_

US Voting District or US Zip Code: \_\_\_\_\_ Include me in the Membership Directory: \_\_\_\_ Yes \_\_\_\_ No

Total number of US citizens in household (applicant, spouse and children)? \_\_\_\_\_

Would you like AARO group health plan information? \_\_\_\_ Yes \_\_\_\_ No Are you retired? \_\_\_\_ Yes \_\_\_\_ No

Occupation/professional experience: Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Which of the following areas would you like to become involved in as an AARO member?

- \_\_\_\_ Membership Committee
- \_\_\_\_ Newsletter writing/preparation
- \_\_\_\_ Office administration
- \_\_\_\_ Insurance Committee
- \_\_\_\_ Advocacy (citizenship, voting, taxes, etc.)
- \_\_\_\_ Events preparation

*For Couple/Family Membership, please enter spouse/family information. If Individual Membership, please leave blank.*

Spouse Title: \_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse DOB (mm/dd/yyyy): \_\_\_\_\_

**AARO Membership Dues are renewed each September – We look forward to your participation in AARO!**

Type of Membership	Annual Dues		APR – AUG Pay only:	
Individual:	60€	\$80	20€	\$28
Couple/Family:	75€	\$100	25€	\$34
Student Rate*:	50% off the above rates			
Individual Lifetime:	1000€	\$1300		
Couple Lifetime:	1200€	\$1600		

*To receive a receipt, please send a self-addressed, stamped envelope with your payment. Unless you state otherwise, your bank statement or cancelled check is your receipt.*

**Make check payable to AARO and mail this form to:**

AARO Membership  
 34 avenue de New York  
 75116 Paris, FRANCE  
 Tel: (33) 1 47 20 24 15 Fax: (33) 1 47 20 24 16

**Processing fee for AARO Health Plan: 20€ or \$28**  
*(Will appear on your annual dues bill in September)*

In September, you will get your annual dues bill, but you can start enjoying AARO today! Choose the category that suits your needs, and see the pro-rated amount to send.

**Student Rate:** 50% off dues for persons 25 years or younger and/or students with a valid student I.D.  
*Payments should be made by check, in US dollars or euro. (US dollar checks must be drawn on a US bank or financial institution.)*

Membership Dues Total: \_\_\_\_\_

Supportive Contribution: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_