



Office Use Only – 02/2018

Membership #: _____

Notes: _____

GHP: ___ Yes ___ No Date: _____

AARO MEMBERSHIP APPLICATION

Title: _____ First Name: _____ Last Name: _____

Address: _____

City, Post Code, Country: _____

Home ☎: (+ _____) _____ Cell ☎: (+ _____) _____

Work ☎: (+ _____) _____ Fax ☎: (+ _____) _____

E-mail: _____

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 9-digit 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 & volunteer?

___ 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 Date of Birth (mm/dd/yyyy): _____ E-Mail: _____

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

Type of Membership	Annual Dues SEPT - SEPT	APRIL - SEPT Prorated:
Individual:	65€	40€
Couple/Family:	85€	50€

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
4 rue de Chevreuse
75006 Paris, FRANCE
Tel: (33) 1 47 20 24 15

Processing fee for AARO Health Plan: 20€

(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: _____