



Membership Application

' YES! I want to join the Alliance for Retired Americans and help protect Social Security and Medicare for generations to come.

Membership Dues:

' Enclosed is **\$10** for a one-year individual/couple membership

OR

' I am a member of a sponsoring union and my dues are pay paid the union listed below.
(See our website for a list of sponsoring organizations, www.retiredamericans.org)

Additional Contribution:

' I am enclosing an additional contribution of \$ _____ **Total Amount Enclosed: \$** _____

Please print

Name: _____ Year of Birth _____

Spouse's Name: _____ Year of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell*: _____

E-mail Address: _____

Union (if applicable): _____ Local: _____

Please make your check or money order payable to: Alliance for Retired Americans.

Mail this form to the Alliance for Retired Americans, 815 16th Street, NW, Washington, DC 20006.

For credit card payment, fill out below:

Please charge: \$ _____ to my: ' MasterCard ' VISA ' American Express

Card Number: _____ Exp. Date: _____ / _____

Cardholder's Name: _____

Authorized Signature: _____

*By providing your cell phone number you agree to receive prerecorded and/or text communications by the Alliance on your cell phone.
Dues and contributions are not tax deductible. Please allow six weeks for delivery of your membership packet

