



MEMBERSHIP APPLICATION
American Association of Retirement Communities, Inc.

PO Box 10981
Southport, NC 28461
866-531-5567
www.The-AARC.org

Tax ID# 31-1734607

www.The-AARC.org

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____

Membership Type/Dues (Check Which Applies):

- | | |
|--|----------|
| <input type="checkbox"/> Educational Institutions and Professional Associations | \$250.00 |
| <input type="checkbox"/> City Govt. Units, County Govt., Chambers (Pop. less than 12,000) | \$250.00 |
| <input type="checkbox"/> City Govt. Units, County Govt., Chambers (Pop. greater than 12,000) | \$350.00 |
| <input type="checkbox"/> Business, Developers, For Profit Organizations | \$350.00 |

Please make check payable to The American Association of Retirement Communities, Inc.

Memberships are valid for 12-months from date of receipt of application.

Date Received: _____
(AARC Staff)