



**ARA APPLICATION FOR MEMBERSHIP**  
**THE ASSOCIATION OF RETIRED AMERICANS®**

6505 East 82nd St., Suite #130  
Indianapolis, IN 46250-5507

Phone: 800-806-6160 Web Address: [www.aracares.com](http://www.aracares.com)

**PROVIDING SERVICE SINCE 1975**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Persons In Household: \_\_\_\_\_

Were you referred by an ARA endorsed insurance company?  Yes  No Company: \_\_\_\_\_

Product Type:  Life  Long Term Care  Medicare Sup  Annuity Agent Name: \_\_\_\_\_

Please Print

Agent Signature: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**ARA MISSION STATEMENT:**

“The Association of Retired Americans® is dedicated to a better living for mature Americans through benefit enhancement, communication of valuable resources, improved health care and health care services.”

**QUALIFICATIONS:**

The Association of Retired Americans® accepts applications for Associate Membership from person under age 45. Those under age 45 seeking membership may apply and join ARA, but may not vote on Association issues or participate in age-restricted programs.

“I acknowledge that this application for membership in The Association of Retired Americans® was not offered or accepted as an inducement for anything other than the benefits and services as stated in the membership brochure in effect on the date of this application.”

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ARA MEMBERSHIP OPTIONS**



- 1 YEAR - \$30.00     3 YEAR - \$75.00     5 YEAR - \$125.00  
 LIFETIME MEMBERSHIP - \$250.00



Personal Check or Money Order Enclosed \$ \_\_\_\_\_  
Amount Enclosed

**CREDIT CARD AUTHORIZATION**

New and renewal dues may be paid by credit card using this form To join ARA immediately using a credit card, call 1-800-806-6160.

Card Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_

Member Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEMBER BENEFITS KIT WILL BE MAILED FROM ARA HEADQUARTERS WITHIN 7 DAYS FROM RECEIPT OF APPLICATION.

**HOURS OF OPERATION**  
M - F, EXCEPT HOLIDAYS  
8 AM TO 4 PM EST 1-800-806-6160

**MEMBERSHIP DUES ARE NOT DEDUCTIBLE.**

Visit the ARA website at [www.aracares.com](http://www.aracares.com)