

Association of Retired Americans Application for Annual Membership



1. FILL IN THE INFORMATION REQUESTED:

Please Print

Application Date		
Date of Birth	Sex: Male	Female
First Name	Middle Initial	
Last Name		
Address		
City	State	Zip
Daytime Phone		
Evening Phone		
E-Mail		

2. LIST OTHER MEMBERS OF YOUR HOUSEHOLD: (Please circle one)

Name _____ DOB: _____ Spouse Child Parent other
(First Name, Last Name plus Middle Initial)

Name: _____ DOB: _____ Spouse Child Parent other
(First Name, Last Name plus Middle Initial)

3. SELECT MEMBERSHIP PLAN:

Basic Plan

4. CHOOSE YOUR ANNUAL MEMBERSHIP FEE: (based on membership plan selected above)

Basic Plan = \$30 annually (No set-up fee)

I have read the terms and conditions and wish to purchase the discount medical plan.

5. SELECT YOUR METHOD OF PAYMENT:

VISA
 MasterCard
 Discover
 Bank Draft (see other side)

Acct.#

Expiration:

Month
Year
Zip Code of the mailing address on the Credit Card

Please charge my credit card for the annual payment amount.

Check or money order enclosed.

Customer Signature (Sign here for Credit Card Authorization)

Association of Retired Americans Application for Annual Membership **BANK DRAFT AUTHORIZATION FORM**

Applicant's Name

Name of Financial Institution

Address of Financial Institution

Routing & Transit Number

Account Number

I hereby authorize American Insurance Administrators, LLC, as administrator for the Association of Retired Americans, to draft my bank account designated above for the amount of my annual membership fee, payable as a single annual payment or in monthly installments, as indicated. I further agree that should I desire to terminate or change my membership plan, I will notify American Insurance Administrators, LLC at 2536 Countryside Blvd., Suite 501, Clearwater, FL 33763 and the above named bank in writing at least 15 days prior to the anniversary of the date of this application. I understand this authorization remains in effect until terminated by me. Name

on Bank Account

Signature of Bank Account holder

Date Signed

Paying: Annually

ATTACH A VOIDED CHECK TO ACTIVATE

DISCLOSURES:

THIS IS NOT INSURANCE. THIS MEMBERSHIP CARD PROGRAM CONTAINS A 30 DAY CANCELLATION PERIOD.

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. I agree to return all membership materials prior to terminating my ARA membership.

A member benefits kit will be delivered to you in about 7 to 14 days from receipt of application.

SIGN HERE: _____

(Signature required)

Producer Signature

Producer Agent Number

Print Producer Name

Producer Address:

Street City State Zip Code

Producer home Phone:

Producer Mobile Phone:

Producer E-mail: