



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

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