



Join AARP

Step 1 - Application



Member Information

Please enter the following as you would like it to appear on your membership card.

First Name:

Middle Name:

Last Name:

Date of Birth: For example, 03/21/1955

Phone:

Mailing Address:

Address: (line 2)

City:

State/Province:

Zip/Postal Code:

Country: US

E-Mail:

- Please keep in touch with me by e-mail about AARP activities, events and member benefits.

Having Trouble?

If you experience problems with this page, please call:
1-800-566-0242

Key Benefits

- Exclusive discounts
- Award winning "AARP The Magazine"
- Important information on health, Medicare, and Social Security
- Great value and much more!

Segunda Juventud

AARP Segunda Juventud is a free quarterly, bilingual publication for Hispanic members of AARP.

- Yes, send me Segunda Juventud in addition to my other benefits.
- Please send membership materials to me in Spanish when available.

Spouse/Partner Information

Membership fee includes spouse/partner **free**.

First Name:

Middle Name:

Last Name:

Membership Fee

Please enroll me as a member of AARP.

U.S.

- 5 Years for \$63.00 (**\$12.60/yr**)
- 3 Years for \$43.00 (**\$14.33/yr**)
- 1 Year for \$16.00 (**\$16.00/yr**)

International

- Canada, 1 Year/US\$17
- Mexico, 1 Year/US\$17
- Other Countries, 1 Year/US\$28

Next Step: Billing ▶

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