

# Action Older Persons

Yes, I believe in AOP! Please accept my membership contribution at the level indicated below:  
(select one)

\_\_\_\_\_ **\$25 – Individual Membership**

\_\_\_\_\_ **\$40 – Family Membership** (Two adults residing in the same household)

\_\_\_\_\_ **\$60 – Supporting Membership**

\_\_\_\_\_ I am not interested in an AOP membership but I would like to make a contribution in the amount indicated below.

Contribution in the amount of \$\_\_\_\_\_

In memory/honor of \_\_\_\_\_) (optional)

\_\_\_\_\_ I wish to receive a complimentary subscription to the *Mature Messenger* for my contribution of \$10 or more. (This subscription is automatically included with any membership level above.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please complete and return this form to:

Action for Older Persons

200 Plaza Drive, Suite B

Vestal, NY 13850

Checks can be made out to **Action for Older Persons**.

**We look forward to hearing from you and appreciate your generosity!**