



ELIGIBLE DEPENDENTS DECLARATION FORM

PLEASE PRINT *(each form represents one member (couples will fill 2 forms)*

New Member Name	
Street Address	
Apt/Suite	
City/State/Zip	
Cell Phone	
Home Phone	
Email Address	
Spouse <i>(if applicable)</i>	
Cell phone	
Email Address	

Eligible relatives:

Eligible relatives are family members as stipulated in appendix A of the AAA constitution

	ELIGIBLE DEPENDENTS NAME <i>(Please print)</i>	AGE	RELATIONSHIP
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

I was referred by:
[must be a current AAA member]

SIGN-----
 By signing i declare the information provided on this form true and accurate

DATE-----



16			
17			
18			
19			
20			



I was referred by:

[must be a currentAAA member]

SIGN-----
 By signing i declare the information provided on this form true and accurate

DATE-----