AARP Smart Driver Class Registration

(Two people living **at the same address** may **both** use the same sheet)

Please **PRINT** legibly (your instructor is a senior, too!)

Name:

Drivers License Number (Two letters, six numbers, then one letter for Idaho)

Date of Birth

Sex (M/F): ____ **AARP Member**? (Y/N) ____

AARP #_____

Name:

Drivers License Number (Two letters, six numbers, then one letter for Idaho)

Date of Birth

Sex (M/F): ____ **AARP Member**? (Y/N)_____

AARP # _____

Address:

City:

State: **Zip**:

Home Phone: _____Email:_____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Amount Enclosed: $_____ **($15.00 per member ; $20.00 non-member)** ***make checks payable to AARP*.** **Bring your AARP card to the first class for verification.**

Return form and fees to: Gene Wiggers, 1854 S. Fairway Drive, Pocatello, ID 83201 by noon the day before the class starts. Call 233-7971 for information.