

Please make your check payable to AAA and mail your application and payment to AAA Memberships PO Box 2967 Omaha NE 68172-9614



New or Reinstated Membership Application

Today's Date _____ Effective Date _____ New AAA Plus RV Upgrade
 Reinstated AAA Plus (MN/IA only)

Club Code _____ Contract/Membership Number _____

Primary Name _____ Birth Date _____
 First Middle Last

Resident Address _____

City _____ State _____ Zip _____

Gender: Male Female Marital Status: Single Married Other

Phone number: Home _____ Business _____ Email Address _____

Vehicle: Year _____ Make _____ Model _____

Current Insurance Carrier _____ Auto Policy Expiration Date _____

Do you own your home? Yes No Do you rent your home? Yes No

Associate #1 Member Type: Associate Spouse Junior (MN/IA only)

Associate Name _____ Birth Date _____
 First Middle Last

Gender: Male Female Relationship to Primary: Spouse Child Other _____

Email Address _____

Vehicle: Year _____ Make _____ Model _____

Current Insurance Carrier _____ Auto Policy Expiration Date _____

Associate #2 Member Type: Associate Spouse Junior (MN/IA only)

Associate Name _____ Birth Date _____
 First Middle Last

Gender: Male Female Relationship to Primary: Child Other _____

Email Address _____

Vehicle: Year _____ Make _____ Model _____

Current Insurance Carrier _____ Auto Policy Expiration Date _____

Total Amount Due: \$ _____ Group # _____ Program #/Promo _____

Method of Payment: MONEY ORDER CHECK or EFT VISA MASTERCARD DISCOVER AMEX

Credit Card # _____ Exp. Date _____ CVV2 # _____

Yes! Automatically renew my membership each year using my credit card as indicated above. You may cancel this convenience billing authorization at any time by contacting AAA no later than 90 days prior to your next expiration date. Please make a copy of this document for your records.

Applicant Signature _____ Date _____

Agent/Agency Name _____ Agent #/Producer Code _____

MEMO:

NOTE: A \$ _____ enrollment fee is included in the total due for all new Primary Members and reinstatement of Primary Members past due date.

Make check payable to AAA.

Thank You

The following membership pricing is effective for term beginning January 1, 2009

CHICAGO - 020	Primary	Enrollment Fee	Total New Primary	Associate or Spouse
Regular	\$56.00	\$10.00	\$66.00	\$24.00
Regular with PlusRV coverage – Additional to basic of \$28 for primary / \$16 per associate or spouse.	\$84.00	\$10.00	\$94.00	\$40.00
Note: Senior discount -\$4 (one person) or -\$8 (two people). Members must be 65 years of age or older.				

MICHIGAN - 047	Primary	Enrollment Fee	Total New Primary	Associate or Spouse
Regular	\$49.95	\$15.00	\$64.95	\$26.00
Regular and Towing – Additional to basic of \$12 per person	\$61.95	\$15.00	\$76.95	\$38.00
PlusRV - Additional to basic of \$28 for primary / \$18 to associate.	\$77.95	\$15.00	\$92.95	\$44.00
Group Regular	\$46.95	\$10.00	\$56.95	\$24.00
Group Regular and Towing – Additional to basic of \$12 per person	\$58.95	\$10.00	\$68.95	\$36.00
Group PlusRV – Additional to basic of \$28 for primary / \$18 to associate.	\$74.95	\$10.00	\$84.95	\$42.00

MINNESOTA / IOWA - 049	Primary	Enrollment Fee	Total New Primary	Associate	Spouse or Junior
Regular	\$59.95	\$10.00	\$69.95	\$25.00	\$19.00
Regular with Plus coverage – Additional to basic of \$35 for household	\$94.95	\$10.00	\$104.95	n/a	n/a
Regular with PlusRV coverage – Additional to basic of \$65 for household	\$124.95	\$10.00	\$134.95	n/a	n/a

NEBRASKA - 069	Primary	Enrollment Fee	Total New Primary	Associate
Regular	\$58.00	\$12.00	\$70.00	\$24.00
Regular with PlusRV coverage – Amount includes additional \$35 for household	\$93.00	\$12.00	\$105.00	n/a
Farm coverage – Additional \$8 per person	\$8.00	n/a	\$8.00	\$8.00
Medical coverage – Additional \$4 per person	\$4.00	n/a	\$4.00	\$4.00

NORTH DAKOTA - 113	Primary	Enrollment Fee	Total New Primary	Spouse	Associate
Regular	\$55.00	\$12.00	\$67.00	\$29.00	\$29.00
Regular with PlusRV coverage – Amount includes additional \$35 for primary / \$0 spouse / \$6 associate	\$90.00	\$12.00	\$102.00	\$29.00	\$35.00
Farm coverage – Additional \$5 per person	\$5.00	n/a	\$5.00	\$5.00	\$5.00
Medical coverage – Additional \$5 per person	\$5.00	n/a	\$5.00	\$5.00	\$5.00
Truck coverage – Additional \$2 per person	\$2.00	n/a	\$2.00	\$2.00	\$2.00

WISCONSIN - 270	Primary	Enrollment Fee	Total New Primary	Associate
Regular	\$54.00	\$10.00	\$64.00	\$27.00
Regular with PlusRV coverage – Amount includes additional \$26 for primary / \$15 per associate or spouse	\$80.00	\$10.00	\$90.00	\$42.00
Farm coverage – Additional \$5 per person	\$5.00	n/a	\$5.00	\$5.00
Medical coverage – Additional \$5 per person	\$5.00	n/a	\$5.00	\$5.00
Truck coverage – Additional \$2 per person	\$2.00	n/a	\$2.00	\$2.00