



## NaCCRA Membership Application

*NaCCRA Thanks You for your support • By Working Together We Can Succeed*

Date \_\_\_\_\_

Name of Individual: 1st Person \_\_\_\_\_

2nd Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name of Community \_\_\_\_\_

- ANNUAL DUES (FIRST) INDIVIDUAL .....\$ 20.00
- ANNUAL DUES (SECOND) INDIVIDUAL .....\$ 15.00
- LIFETIME MEMBERSHIP (FIRST) INDIVIDUAL ...\$ 200.00
- LIFETIME MEMBERSHIP (SECOND) INDIVIDUAL....\$ 150.00
- Annual Dues per Community Association .....\$ 200.00
- Annual Dues per State Association .....\$ 500.00
- Tax-exempt Contribution .....\$ \_\_\_\_\_
- Total Enclosed**.....\$ \_\_\_\_\_

**Please make your checks to: NaCCRA**  
 and return this notice with your check to:  
 NaCCRA Headquarters  
 325 John Knox Rd. Suite L103  
 Tallahassee, FL 32303  
***Your Check is your receipt.***

**NATIONAL CONTINUING CARE RESIDENTS  
 ASSOCIATION**  
 a 501(c)(3) Corporation