

National Continuing Care Resident's Association



Please print the following membership application and mail, along with your payment, to NaCCRA at the address listed at the bottom of the page.

Name of Individual:

1st Person: _____

2nd Person: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip + 4: _____

Telephone: _____

Email Address: _____

Name of State Association: _____

Name of Community Residents Association: _____

Membership Dues:

Annual Dues per State Association = \$400.00

Annual Dues per Community Association = \$150.00

Annual Dues per (each) Individual = \$15.00

Lifetime Membership = \$150.00

TOTAL ENCLOSED = \$ _____

Please make check payable to "NaCCRA" and return this notice with your check to:

Charles D. Paulk
1001 Carpenters Way, C117
Lakeland, FL 33809
paulk65@gte.net