

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

First Person: _____

Second Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Name of Community Residents Association: _____

Name of State Association: _____

Membership Dues:

Annual dues per each individual:	\$15.00
Lifetime Membership per individual:	\$150.00
Annual Dues per Community Association:	\$150.00
Annual Dues per State Associations:	\$400.00

Tax Exempt Contribution: _____

Total Enclosed: _____

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

**Coburn Administrative Services/NaCCRA
4727 Deter Road
Lakeland, FL 33813**