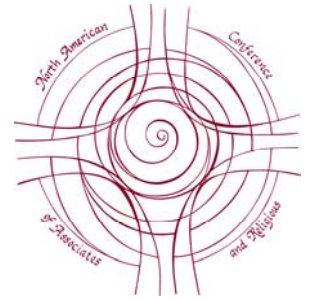


Congregational Membership Form



Please Print Clearly: We recognize up to five individual contacts for each congregational membership. Please list primary contact first.

Contact Person#1: (Primary Contact)

Prefix _____ (Br, Fr, Mr, Mrs, Ms, Sr)

First Name: _____ Last Name: _____ Suffix _____

Title: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Country: _____

Phone (W): (____) _____ Phone (H): (____) _____ Fax: (____) _____

Email: _____

Attention: an email address is needed if you wish to receive our e-newsletter and other mailings

Contact Person #2

Prefix _____ (Br, Fr, Mr, Mrs, Ms, Sr)

First Name: _____ Last Name: _____ Suffix _____

Title: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Country: _____

Phone (W): (____) _____ Phone (H): (____) _____ Fax: (____) _____

Email: _____

Attention: an email address is needed if you wish to receive our e-newsletter and other mailings

Please send any additional contact information up to a total of 3, on an attached sheet. Each contact person will receive all email from NACAR's office – only the primary contact will receive our direct mailings.

Please list the **FULL** Name of Religious Congregation/Associate Community:

Congregational Website: _____

Important Notice: Unless you notify us otherwise, the contact information provided to us will be part on an on-line membership directory located on the password protected member pages of our website. This directory can only be viewed by members of NACAR and will not be given out by our office.

This is a

New Membership

Membership Renewal

Fees:

(Congregational Membership fees are sliding scale based on total number of Congregational and Associate members)

Number of Religious:	_____	* Total Numbers equal:	
Number of Associates:	_____	125 or less	\$150
*Total:	_____	126 - 249	\$240
		250 – 499:	\$330
		499 or more	\$420

Membership Fee _____

*Additional Subscription(s) to **The Associate** \$25.00 each _____

**This is for subscriptions above that of the one that comes with your membership*

Free will offering to assist NACAR _____

Total Amount Enclosed _____

Send this form and your check to: (American dollars only please)

NACAR
20011 9B Road
Plymouth, IN 46563-9416
Email: nacar96@juno.com
Phone: 574-935-1712

For office use only:

Rec. _____ CK# _____ Filed/Ackn'd _____