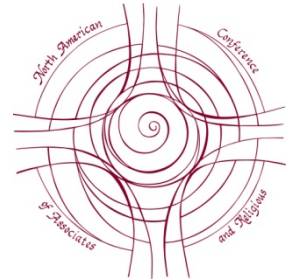


**North American Conference of Associates and Religious
Individual Membership Form**



Contact Information: Please Print Clearly

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

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Country: _____

Phone (H): (_____) _____ Phone (C): (_____) _____

Email: _____

**Include an email address if you wish to receive our e-newsletter and other mailings*

New Membership

I am an Associate

Membership Renewal

I am a Religious

Full Name of Religious Congregation to which you are an associate/or member:

Important Notice: Unless you notify us otherwise, the contact information provided to us will be part of 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.

Fees: Please note: This level of membership is for individuals only; it does not give you the rights or benefits of congregational membership.

Individual Membership \$60.00 _____

*Additional Subscription to **The Associate** \$25.00 _____

**Only one additional subscription is allowed at this price – 2 or more @\$30.00 per year*

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
(574)-936-1712

Website: www.NACAR96.org

2/09

For Office Use Only: 2/08

Date Rec. _____

Ck # _____

Entered/Ackn'd _____