



Maryland Continuing Care Residents Association

## Associate Membership

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Individual Dues (\$20) \$\_\_\_\_\_ Couple (\$30)\$\_\_\_\_\_

I want to support MaCCRA legislative work by making an additional contribution to our Advocacy Fund. \$\_\_\_\_\_

Total \$\_\_\_\_\_

Were you a MaCCRA member while in a CCRC? \_\_\_Yes

Are you a family member or friend that supports MaCCRA objectives?  
\_\_\_Yes

Name 1\_\_\_\_\_

Name 2\_\_\_\_\_

Street\_\_\_\_\_

Apartment\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_

ZIP\_\_\_\_\_ Phone\_\_\_\_\_

Email 1\_\_\_\_\_

Email 2\_\_\_\_\_

Providing your email address allows us to send you MaCCRA updates.

Please make checks payable to MaCCRA, and return this form with your check to:

**State MaCCRA Treasurer**  
**Ethel Landis**  
**13801 York Road, Apt. G-10**  
**Cockeysville, MD 21030**

**Thank you for your support!**

MaCCRA is a non-profit 501(c)(3). Dues and contribution are tax deductible.