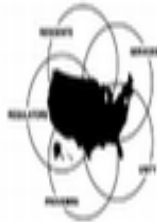




NaCCRA LIFE LINE

*The Resident's Watchdog...
The Industry's Friend*

National Continuing Care Residents Association



NaCCRA Membership Application

NaCCRA Thanks You for your support • By Working Together We Can Succeed

Date _____

Name of Individual: 1st Person _____

2nd Person _____

Address _____

Telephone _____

Email _____

Name of Community _____

ANNUAL DUES (FIRST) INDIVIDUAL\$ 20.00

ANNUAL DUES (SECOND) INDIVIDUAL.....\$ 15.00

LIFETIME MEMBERSHIP (FIRST) INDIVIDUAL ...\$ 200.00

LIFETIME MEMBERSHIP (SECOND) INDIVIDUAL....\$ 150.00

Annual Dues per Community Association\$ 200.00

Annual Dues per State Association\$ 500.00

Tax-exempt Contribution.....\$ _____

Total Enclosed.....\$ _____

Please make your checks to: NaCCRA

and return this notice with your check to:

NaCCRA Headquarters

325 John Knox Rd. Suite L103

Tallahassee, FL 32303

Your Check is your receipt.

NATIONAL CONTINUING CARE RESIDENTS

ASSOCIATION

a 501(c)(3) Corporation