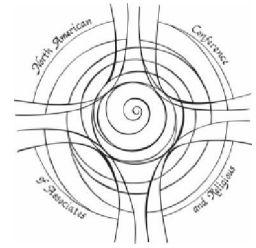


North American Conference of Associates and Religious
Individual Membership Form



Please Print Clearly

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

First Name: _____ Last Name: _____ Suffix _____

Address: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code: _____ Country: _____

Phone (W): (_____) _____ Phone (H): (_____) _____

Fax: (_____) _____ Email: _____

I am an: _____ Associate _____ Religious

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

Individual Membership	\$50.00	_____
Membership Directory (includes postage)	\$20.00	_____
Additional Subscription(s) to The Associate	\$25.00	_____
Free will offering to assist NACAR		_____
Total Amount Enclosed		_____

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

NACAR,
4321 Elm Street
East Chicago, IN 46312
Email: nacar96@juno.com

» 3 Thank You 3 »

For Office Use Only:

Date Rec. _____ Amt Pd _____ Data Entry _____ Ack'n'd _____