

NACAR

North American Conference of Associates and Religious

Individual Membership Application 2012/2013



Contact Information:

Associate

Religious

First Name: _____ Last Name: _____

Prefix _____ (e.g. Sr. Br. Dr. Mr. Mrs. Ms. Rev. Deacon) Suffix _____

Position Title: _____

Address: _____

City: _____ State/Prov: _____

Zip/Postal Code _____ Country: _____

Ph (W): (____) _____ (C): (____) _____ Fax: (____) _____

***Email: _____

****Must have email address to receive any communications from the NACAR Office.*

Name of Religious Congregation: _____

Individual Membership \$60.00: _____

Here is my contribution to help support NACAR: _____

Total Amount Enclosed: _____

NACAR
Associate Office
5900 Delhi Road
Mt. St. Joseph, OH 45051-1500

Email: info@nacar.org
Phone: 253-256-2227
Website: www.nacar.org

***Important Notice:** Every contact must register on our website in order to access the Members only sections. The contact information provided on this registration will be part of an on-line membership directory located on the password protected member pages of the NACAR website. This directory can only be viewed by members of NACAR, and your information will not be given out by our office.*

***To Register on the Website:** Go to www.nacar.org Click on the word **Register** on the left side of the page and follow the process to set up your own username and password. If you need assistance, contact webadmin@nacar.org*

3/1/2012

For Office Use Only:

Date Rec. _____

Ck # _____

Entered/Ackn'd _____