

NACAR Listed (Individual) Members
Please make copies of this form as needed.

Listed Members may also be added here: <http://nacar.org/add-a-listed-member/view/form.html>

Religious Community: _____

Member: 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): _____ (H): (____) (C): (____)

Email: _____

Member: 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): _____ (H): (____) (C): (____)

Email: _____

Important Notice:

Every listed member must register on our website in order to access the Members only sections.

4/30/2018

For Office Use Only:

Membership # _____

Date Rec. _____

Ck # _____

Entered/Ackn'd _____