

# NCLRA Membership Form

Name\_\_\_\_\_

Street Address\_\_\_\_\_

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

Country\_\_\_\_\_ ZIP\_\_\_\_\_

Home Phone#\_\_\_\_\_

Work Phone#\_\_\_\_\_

Cell Phone#\_\_\_\_\_

E-Mail\_\_\_\_\_

AMA or Other National Organization #\_\_\_\_\_

Would like electronic Newsletter ONLY: \_\_\_\_\_

(Must supply an e-mail address if checked)

**Send Dues & Membership Form to:**      **US Dues: \$20**  
**Dave McDonald**      **(Add \$.90 if paying by PayPal)**  
**P.O. Box 384**      **International: \$22**  
**Daleville, IN 47334**      **(Add \$1.10 if paying by PayPal)**

(Membership Expiration date on mailing label)

Payment can be by check or Money order to the address above.

Payment by PayPal to Treasurer@NCLRA.org