



2019 MEMBERSHIP FORM

NAORRR welcomes all CCAR members who are retired or who are 60 or older, their spouses and surviving spouses or partners.

Please complete and PRINT clearly

Rabbi's name	Ordination: Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Nickname, if preferred _____	<input type="checkbox"/> \$50
Spouse or Partner's name	Ordination: (if rabbi) Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Nickname, if preferred _____	<input type="checkbox"/> \$50
Surviving Spouse's name	Ordination year & campus of deceased spouse: Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Name of deceased spouse _____	No dues required
Additional contribution to support the Hesed/Mitzvah Fund		\$
Additional contribution to support the Convention Assistance Fund		\$
Additional contribution to NAORRR Fund		\$
TOTAL AMOUNT REMITTED <i>(make checks payable in US funds to NAORRR)</i>		\$

CONTACT INFORMATION

You must fill this section out completely, regardless of previous forms

Street Address		
City	State	Zip
Member or surviving spouse email	Member or surviving spouse home phone	Member or surviving spouse cell phone
Spouse or Partner email	Spouse or Partner home phone	Spouse or partner cell phone

Send dues and this form to:
NAORRR – Susan and Julian Cook
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