



## Application for Individual Membership in the Massachusetts Life Care Residents Association

As a resident of a Massachusetts Continuing Care or Life Care Community, I would like to become an individual member of MLCRA:

Annual Membership .....\$15.00

Life Membership .....\$150.00

As a sponsor, I would like to support the ongoing expenses of an organization that works on my behalf:

Sponsorship .....\$ \_\_\_\_\_

Enclosed is my check for .....\$ \_\_\_\_\_  
payable to MLCRA.

Please mail this form with your check to:

Dr. Phoebe Saturen  
MLCRA Treasurer  
1 Lyman St. Apt. 322  
Westborough, MA 01581

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_