Date:		
Name(s) of member(s):		
Check here if this is a renewal.	(The date on mailing label is wh	en your current membership expires
IF YOU ARE A NEW MEMBE address label. If you are an o		ow; or attach a personal nly if you are making changes.
Street:		Apt. #
City:	State:	Zip code:
Email:		(for MLCRA purposes only
		(
Your Retirement Community: _		
Your Retirement Community: _		noice.
Your Retirement Community: _ Dues for New Members and 1 year (expires 12/31/2024)	Renewals - Circle your ch	noice. ehold: \$25
Your Retirement Community: _ Dues for New Members and 1 year (expires 12/31/2024) 5 year (expires 12/31/2028)	Renewals - Circle your ch Individual: \$15 or house	noice. ehold: \$25 bld)
Your Retirement Community: _	Renewals - Circle your ch Individual: \$15 or house \$75 (individual/househo \$150 (individual/househo	noice. ehold: \$25 bld)
Your Retirement Community: _ Dues for New Members and 1 year (expires 12/31/2024) 5 year (expires 12/31/2028) Lifetime Membership Please make checks payable	Renewals - Circle your ch Individual: \$15 or house \$75 (individual/househo \$150 (individual/househo e to MLCRA. membership drive, please	noice. ehold: \$25 bld) nold) give this form with your check