

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 paper Newsletter: _____

(Must supply an e-mail address if NOT checked)

Send Dues & Membership Form to:

Melvin Schuette

P. O Box 240

Auburn, KS 66402

Dues w/o paper NL: None(!)

Membership w/paper NL: \$10

(Add \$0.45 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