

Membership Application for Seventh-day Adventist Retirees
Carolina Conference Retiree Association Northwest Region
"CRAN"

Name of Applicant _____ Spouse _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone Number (_____) _____ Email Address _____

Phone Number (_____) _____ Email Address _____

I am a member of the _____ Seventh-day Adventist church in the Carolina Conference.

I/We hereby make application to join the Carolina Conference Retiree Association of the Northwest Region (CRAN).
Your application will be voted on by the CRAN Executive Committee, followed by CRAN as a whole.
All new member applications will be \$25 per person or \$40 a couple payable with application.
Annual member dues are \$15 each and due by March 31. Make check payable to CRAN.

Signature _____ Date _____

Birthdates: His _____ Hers _____
Month/Day Month/Day

Indicate how you prefer your name(s) to appear in the Member Directory _____

Do you want to receive the quarterly CRAN Newsletter by email? _____ Yes _____ No

List previous type of work and major place(s) of employment:

You	Spouse
_____	_____
_____	_____

List special interests, hobbies and talents:

You	Spouse
_____	_____
_____	_____
_____	_____

Office Use Only

Payment \$ _____ Receipt # _____ Date _____

Date Approved by CRAN Executive Committee _____ Date accepted by CRAN _____