

Membership Application
Carolina Conference Retiree Association Northwest Region
"CRAN"

Name of Applicant _____ Spouse _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone Number (_____) _____ Email Address _____

I am a member of the _____ SDA 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 \$20 per person or \$30 a couple payable with application.
Annual member dues are \$10 each and due by March 31. Make check payable to CRAN.

Signature _____

Date _____

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

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

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

You

Spouse

List special interests, hobbies and travel experience:

You

Spouse

Office Use Only

Payment \$ _____ Receipt # _____ Date _____

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

Mail To: CRAN Treasurer – P.O. Box 2031, Fletcher NC 28732