

Maryland Continuing Care Residents Association

Annual Membership and Renewal

Limited to continuing care residents.

Individual Dues (\$20) \$	Couple (\$	30)\$
I want to support MaCCRA legislative work by making an additional contribution to our Advocacy Fund. \$		
Total \$		
Do you reside in a CCRC? If so, which one?		
Community		
Name 1		
Name 2		
Street		
Apartment		-
City		State
ZIP	Phone	
Email 1		_
Email 2		_

Providing your email address allows us to send you MaCCRA updates.

Please make checks payable to MaCCRA, and return this form with your check to:

Stephen Harders, MaCCRA Treasurer 717 Maiden Choice Ln, Apt 305 Catonsville, MD 21228

Thank you for your support!