



Honorary Member-For-Life Application

(Please type or print legibly)

Member Name: _____

Address: _____

City / State: _____ Zip: _____

NRDS ID or C.A.R. Member Number: _____

Date became 75 years of age or Date of Birth: _____

Year became member of Board / Association and C.A.R.: _____

Name of Current Board / Association: _____

If 25 years of service included membership in other Boards / Associations, please list:

*The Honorary Member-for-Life application requires approval of the C.A.R. Membership Committee and the Board of Directors at **one** of its three annual membership meetings. C.A.R. must receive the application *in advance of the meetings* in order to be effective (if approved) for the following dues year.

Please submit completed application to Sandra at membership@rsaor.com