

Massachusetts Life Care Residents Association
MLCRA Membership Application/Renewal Form for 2024-2025

Date: _____

Name(s) of member(s): _____

Check here if this is a renewal. (The date on mailing label is when your current membership expires.)

IF YOU ARE A NEW MEMBER: fill in information below; or attach a personal address label. If you are an existing member: fill in only if you are making changes.

Street: _____ Apt. # _____

City: _____ State: _____ Zip code: _____

Email: _____ (for MLCRA purposes only)

Your Retirement Community: _____

Dues for New Members and Renewals - Circle your choice.

1 year (expires 12/31/2025) Individual: \$15 **or** household: \$25

5 year (expires 12/31/2029) \$75 (individual/household)

Lifetime Membership \$150 (individual/household)

Please make checks payable to MLCRA.

If your community is having a membership drive, please give this form with your check to your MLCRA representative; otherwise mail form and check to:

Allison Dolan, Treasurer
104 Brooksby Village Drive, Unit 405
Peabody, MA 01960