



## 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.