

NRLN Join Form for Individual or Group

Please join us today! Make your individual contribution and/or Organization check payable to: **NRLN, Inc. (no cash please)** **Send to:**

National Retiree Legislative Network, Inc
P.O. Box 18757
Washington, D.C. 20036-8757

Individual or Organization Name: _____

Number of Organization members: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Your e-mail address: _____

Organization's Primary Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ - _____; E-mail: _____

Grass Roots Volunteer: Yes – **send me information** _____; No: _____

Please note that the **NRLN** is a national organization. Its officers, directors and grass roots activists are spread across the entire USA. In order to save operating costs we conduct most of our business using email and teleconferences. That being the case please be sure to include your email address or an email address of a close relative or friend so we can contact you quickly via the Internet.

Office use:

Date Received: ____/____/____ Amount: _____ Group: Yes ____ No ____

Date entered into database: ____/____/____ Date to Membership: ____/____/____

Date to Treas: ____/____/____ Deposit date: ____/____/____ (Lockbox__ Office__)