



2024-2025 MEMBERSHIP FORM

NAORRR welcomes all CCAR members who are retired or 60 years or older, their spouses, and surviving spouses or partners.

Please complete and PRINT clearly Date:

Rabbi's name	Ordination: Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Nickname, if preferred _____	<input type="checkbox"/> \$75
Spouse or Partner's name	Ordination: (if rabbi) Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Nickname, if preferred _____	<input type="checkbox"/> \$75
Surviving Spouse's name	Ordination year & campus of deceased spouse: Year ____ <input type="checkbox"/> C <input type="checkbox"/> NY <input type="checkbox"/> LA <input type="checkbox"/> J Name of deceased spouse _____	* No dues required
Additional contribution to support Hesed/Mitzvah Fund		\$
Additional contribution to support Convention Assistance Fund		\$
Additional contribution to support NAORRR Re-Imagined		\$
TOTAL AMOUNT REMITTED <i>(make checks payable in US funds to NAORRR)</i>		\$

☐ Check here if you would like the Ohr L'Naorrr newsletter ONLY via an email link.

WE NEED YOUR CONTACT INFORMATION:

Street Address		
City	State	Zip
Member or surviving spouse email	Member or surviving spouse home phone	Member or surviving spouse cell phone
Spouse or Partner email	Spouse or Partner home phone	Spouse or partner cell phone

Send dues and this form to:

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