



Nevada Alliance for Retired Americans (NARA)

2016 Affiliation Fee Payment Form

PLEASE Print legibly and provide **ALL** the information requested.

New _____ Renewal _____

For Office Use Only
Date Received _____
Date Recorded _____
Chapter # _____

AFFILIATION FEES:	251 - 350 members	\$100
15 - 25 members	351 - 500 members	\$150
26 - 50 members	501 - 750 members	\$200
51 - 75 members	751 - 1,000 members	\$250
76 - 100 members	1,001 - 2,500 members	\$300
101 - 250 members	2,501 or more members	\$350

Number of Members

Affiliation Fee Amount \$

Date _____ Chapter Name _____

Chapter Address _____ City _____ State _____ Zip _____

1st Contact Person _____ Phone () _____
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

2nd Contact Person _____ Phone () _____
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

3rd Contact Person _____ Phone () _____
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

4th Contact Person _____ Phone () _____
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

All Chapter Affiliation Fees are **due on January 1, 2016 and every year thereafter.**

Make check payable to
and mail Payment &
Completed Form to
NOTE NEW ADDRESS:

Nevada Alliance for Retired Americans
NARA
602 E John Street
Carson City, NV 89706

If you know of other groups that would like to join the Nevada Alliance.
Please call or email President, TBird 775-849-1498 - tbird15345@aol.com

2016 Additional Information for Chapter Affiliation
(Please Print)

Name of Chapter: _____ Chapter Number _____

1. Person to whom all correspondence should be sent:

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

2. In addition to the officers listed on page 1, we suggest that you elect or appoint the following committee chairs:
Please list your Chairs with their email address.

Membership: _____

Legislation: _____

Political: _____

Field Mobilization: _____

3. In order for the Alliance or NARA to add you or your members to our "activist" list to receive "alerts" including the **Friday Alert**, on important legislative issues, it is essential that you supply us with a list of your members including their home/email address and phone/fax numbers to which you have access.

4. How many members does your chapter have? _____ (Refer to Number 3. Above)

5. How often does your chapter meet? _____ Weekly _____ Monthly _____ Other: _____

6. Day of Meetings _____ Time of Meetings _____ AM/PM

7. Meeting Location _____
(Please fill in place, street address and city)

8. Does your chapter charge any dues: ___ Yes ___ No If yes, Amount: \$ _____

9. Is your chapter affiliated with a union, church or any other organization or group?

If yes, name: _____

10. *I, the undersigned, as an official representative of the above named chapter, hereby endorse the mission of both NARA and the Alliance for Retired Americans and pledge to adhere to the by-laws and policies set forth by NARA's and the Alliance Executive Boards, as a condition of this charter.*

Signature: _____ Date: _____

Printed name: _____

Do not write in box below – Alliance Use Only

Date Charter Issued: _____ Charter No: _____

Date New Chapter Information sent to State Chapter: _____

