



# Nevada Alliance for Retired Americans (NARA)

## 2017 Affiliation Fee Payment Form

PLEASE Print legibly and provide **ALL** the information requested. New \_\_\_\_\_ Renewal \_\_\_\_\_

*For Office Use Only*  
Date Received \_\_\_\_\_  
Date Recorded \_\_\_\_\_  
Chapter # \_\_\_\_\_

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

Number of Members

Affiliation Fee Amount \$

Date \_\_\_\_\_ Chapter Name \_\_\_\_\_

Chapter Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1<sup>st</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2<sup>nd</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3<sup>rd</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4<sup>th</sup> 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, 2017** 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](mailto:tbird15345@aol.com)

2017 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: \_\_\_\_\_

