Nevada Alliance for Retired Americans
2018 Affiliation Fee Payment Form

PLEASE Print legibly and provide ALL the information requested.

AFFILIATION FEES:

15 - 50 members  $ 30
51 - 100 members  $ 50
101 - 250 members  $ 75
251 - 500 members  $ 100
501 - 2500 members  $ 150
2501 or more members $ 300

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, 2018 and every year thereafter.

Make checks payable to Nevada Alliance for Retired Americans
and mail Payment & Completed Form
602 E. John Street
Carson City, Nv 89706

Please call us for more copies if you know of other groups that would like to join the Nevada Alliance.
Any questions? Please call 702-849-1498 or email: tbird15345@aol.com
2018 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:

   Membership: ____________________________
   Legislation: ____________________________
   Political: ____________________________
   Field Mobilization: ____________________________

3. In order for the Alliance to add you to our “activist” list to receive “alerts” on important legislative issues, it is essential that you supply us with your E-Mail address and a fax number to which you have access.

4. How many members does your chapter have? ____________
   (Please attach a complete list of all members who belong to your chapter including their address, telephone/fax numbers and E-mail address if available.)

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 names chapter, hereby endorse the mission of the Alliance for Retired Americans and pledge to adhere to the by-laws and policies set forth by the Alliance Executive Board, 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: ____________________________

Mail completed forms and checks to the Nevada Alliance for Retired Americans