



Nevada Alliance for Retired Americans
2020 Affiliation Fee Payment Form
New _____ Renewal _____

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

PLEASE Print legibly and provide ALL the information requested.
AFFILIATION FEES:

Table with 2 columns: Member Count and Fee Amount. Rows include: 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 [Yellow Box]

Affiliation Fee Amount \$ [Yellow Box]

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, 2020 and every year thereafter.

Make checks payable to
and mail Payment &
Completed Form

Nevada Alliance for Retired Americans
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 888-793-8826 or email: NARAPresident@aol.com

2020 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

Mail completed forms and checks to the Nevada Alliance for Retired Americans
I can never say it enough--Thank you for all you do

