Nevada Alliance for Retired Americans
2020 Affiliation Fee Payment Form
New_____ Renewal_____

**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

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Affiliation Fee Amount</th>
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Date ___________________ Chapter Name__________________________

Chapter Address ___________________________ City _______________ State_______ Zip________

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

Phone (        ) __________________

Home Address ___________________________ City _______________ State_______ Zip________

E-Mail Address: __________________________

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

Phone (        ) __________________

Home Address ___________________________ City _______________ State_______ Zip________

E-Mail Address: __________________________

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

Phone (        ) __________________

Home Address ___________________________ City _______________ State_______ Zip________

E-Mail Address: __________________________

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

Phone (        ) __________________

Home Address ___________________________ City _______________ State_______ Zip________

E-Mail Address: __________________________

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All Chapter Affiliation Fees are due on January 1, 2020 and every year thereafter.

Make checks payable to Nevada Alliance for Retired Americans 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