Nevada Alliance for Retired Americans
2021 Affiliation 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

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 January 2021 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 888-793-8826 or email: NARAPresident@aol.com
2021 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. 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