Nevada Alliance for Retired Americans
2022 Affiliation Form

Affiliation Form

New_____ Renewal_____

**PLEASE** Print legibly and provide **ALL** the information requested.

**AFFILIATION FEES:**

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Affiliation Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 -50 members</td>
<td>$ 30</td>
</tr>
<tr>
<td>51 -100 members</td>
<td>$ 50</td>
</tr>
<tr>
<td>101 - 250 members</td>
<td>$ 75</td>
</tr>
<tr>
<td>251 - 500 members</td>
<td>$ 100</td>
</tr>
<tr>
<td>501 - 2500 members</td>
<td>$ 150</td>
</tr>
<tr>
<td>2501 or more members</td>
<td>$ 300</td>
</tr>
</tbody>
</table>

**Number of Members** [ ]  [ ]  [ ]  [ ]

<table>
<thead>
<tr>
<th>Affiliation Fee Amount</th>
<th>$ [ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
</table>

**Date** [ ]  [ ]  [ ]  [ ]

**Chapter Name** _____________________________________________

**Chapter Address** __________________________________________

**City** [ ]  **State** [ ]  **Zip** [ ]

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

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone ( )</th>
</tr>
</thead>
</table>

**Home Address** _____________________________________________

**City** [ ]  **State** [ ]  **Zip** [ ]

**E-Mail Address:** ___________________________________________

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

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone ( )</th>
</tr>
</thead>
</table>

**Home Address** _____________________________________________

**City** [ ]  **State** [ ]  **Zip** [ ]

**E-Mail Address:** ___________________________________________

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

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone ( )</th>
</tr>
</thead>
</table>

**Home Address** _____________________________________________

**City** [ ]  **State** [ ]  **Zip** [ ]

**E-Mail Address:** ___________________________________________

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

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone ( )</th>
</tr>
</thead>
</table>

**Home Address** _____________________________________________

**City** [ ]  **State** [ ]  **Zip** [ ]

**E-Mail Address:** ___________________________________________

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**All Chapter Affiliation Fees are due ANNUALLY in January**

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
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