



Alliance for Retired Americans
2010 Application for Provisional Charter

For Office Use Only
Date Received
Date Recorded

PLEASE Print legibly and provide ALL the information requested.

AFFILIATION FEES:

Each organization that holds a provisional charter from the national Alliance will be contacted by the state level organization about affiliation and fees once the state is chartered. Affiliation fees to the state will not be due with this form.

Number of Members [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:

No Chapter Affiliation Fees are due with this form.

Mail completed Form to:

Alliance for Retired Americans
815 16th Street NW, 4th floor
Washington, DC 20006

Please call us for more copies if you know of other clubs that would like to join the Alliance.
Any questions? Please call 800-333-7212, option 1 or e-mail: ARACHapterApp@retiredamericans.org

**2010 Additional Information for Chapter Affiliation**  
*(Please Print)*

Name of Chapter: \_\_\_\_\_ EIN Number \_\_\_\_\_

1. Person to whom all correspondence should be sent: \_\_\_\_\_ Chapter Number \_\_\_\_\_

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: \_\_\_\_\_

