

Hawaii Alliance for Retired Americans

2010 Application for Charter

PLEASE Print legibly and provide ALL the information requested.

AFFILIATION FEES:

001 --150 members \$ 50

151-- 200 members \$ 75

201-- 500 members \$100

501 – 1,000 members \$150

1,001 and more members \$200

Number of Members

Date _____ Chapter Name _____

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: _____

Mail completed forms to the Hawaii Alliance for Retired Americans

