



Nebraska Alliance for Retired Americans 2010 Affiliation Fee Payment Form

For Office Use Only
Date Received _____
Date Recorded _____

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

New _____ Renewal _____

AFFILIATION FEES:

15 – 500 members \$ 25
501 – 1000 members \$ 35

1001 – 1500 members \$45
1500 and over members \$50

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 Officers listed will be emailed as well as USPS-mailed the Nebraska Newsletter.

All Chapter Affiliation Fees are due on January 1, 2010 and every year thereafter.

Make checks payable to Nebraska Alliance for Retired Americans
and mail Payment & **Completed** Form to
5418 South 27th Street
Omaha, NE 68107-3492

Please call us for more copies if you know of other groups that would like to join the Nebraska Alliance.

Any questions? Please call 402-734-1300 or e-mail: elginnebraska@msn.com

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: _____

