



# Washington Alliance for Retired Americans 2010 Affiliation Fee Payment Form

*For Office Use Only*  
Date Received \_\_\_\_\_  
Date Recorded \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

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

### **AFFILIATION FEES: Based on sliding scale**

**15 - 100 members \$ 10**  
**101 - 500 members \$ 25**  
**501 -1000 members \$ 30**

**1001-1500 members \$ 75**  
**1501 and over \$100**

**Number of Members**

**Affiliation Fee Amount \$**

Date \_\_\_\_\_ Name \_\_\_\_\_

Chapter Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1<sup>st</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2<sup>nd</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3<sup>rd</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Circle one - President, Vice President, Secretary, Treasurer or other)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4<sup>th</sup> 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 Washington Newsletter.**

**Your chapter is entitled to 1 Board Member, who will serve on the Executive Board of the Washington Alliance. Your Board Member may ALSO be a Contact Person, but must be listed separately for our records.**

**Executive Board Member** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

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

Make checks payable to Washington State Alliance for Retired Americans  
and mail Payment & 2800 First Avenue, Room 262  
**Completed** Form to Seattle, WA 98121

**Please call us if you know of other groups that would like to join the Washington Alliance.**

Any questions? Please call 206-448-0859

**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: \_\_\_\_\_

