



# Wisconsin Alliance for Retired Americans 2005 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:

**01 - 25 members \$ 10**  
**26 - 50 members \$ 20**  
**51 - 75 members \$ 30**  
**76 - 100 members \$ 40**  
**101 - 250 members \$ 50**

**251 - 350 members \$100**  
**351 - 500 members \$150**  
**501 - 750 members \$200**  
**751 and above members \$250**

Number of Members

Affiliation Fee Amount \$

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

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

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

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

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

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

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

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

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

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

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

**4<sup>th</sup> Contact Person** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(President, Vice President, Secretary, Treasurer or other - circle one)

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

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

**All Chapter Affiliation Fees are due on January 1, 2005 and every year thereafter.**

Make checks payable to: **Wisconsin Alliance for Retired Americans**  
and mail Payment & **Completed** Form to  
509 Russell Street  
Madison, WI 53704

**Please call us for more copies if you know of other clubs that would like to join the Wisconsin Alliance.**

Any questions? Please call 608-239-5384

**2005 Additional Information for Chapter Affiliation**  
(Please Print)

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. 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: \_\_\_\_\_