



Florida 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 _____

Per Capita AFFILIATION FEES:
Each organization that holds a charter from the Florida Alliance must pay an annual affiliation fee of .25 cents per member in order to maintain its membership.

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 Florida Newsletter.

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

Make checks payable to
and mail Payment &
Completed Form to

Florida Alliance for Retired Americans
12773 West Forest Hill Blvd, Suite 211
Wellington, FL 33414

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

Any questions? Please call 561-792-8799 or e-mail: FloridaARA@aol.com

2010 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: _____

