Texas Alliance for Retired Americans

2024 Affiliation Fee Payment Form

For Office Use Only
Date Received _____
Date Recorded _____
Chapter # _____

PLEASE **Print legibly**

New_____ *Renewal*_____

AFFILIATION FEES:

Affiliates, Other Groups $25

Central Labor Councils $100 **Statewide Organizations $300**

National and International Organizations $1,000+

Affiliation Fee Amount $ _____

Date _____ Affiliate Name_____

Affiliate 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: _____

Make checks payable to Texas Alliance for Retired Americans and mail Payment & Attn: Texas Alliance for Retired Americans

***Completed* Form to: P.O. Box 225091**

Dallas, TX 75222-5091

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

Any questions?

Please call Gene Lantz at 214-538-3329 or Judy Bryant 214-729-0063

2024 Additional Information for Affiliation

(Please Print)

Name of Affiliate: _____ Affiliate 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 Affiliate have? _____
   (Please attach a complete list of all members who belong to your Affiliate including their address, telephone/fax numbers and E-mail address if available.)

5. How often does your Affiliate meet? _____Weekly _____Monthly _____Other:
6. Day of Meetings_____ Time of Meetings _____ AM/PM

Meeting Location _____

(Please fill in place, street address and city)

7. Does your Affiliate charge any dues: ___ Yes ___ No If yes, Amount: $_____
8. Is your group affiliated with a union, church or any other organization or group?

   If yes, name: _____

9. *I, the undersigned, as an official representative of the above names Affiliate, 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 – National Alliance Use Only

Date Charter Issued:_____ Charter No:_____

Date New Chapter Information sent to State Chapter:_____

Mail completed forms and checks to the Texas Alliance for Retired Americans