



**Washington Alliance for Retired Americans  
Educational Fund  
2017 Affiliation Fee Payment Form**

<i>For Office Use Only</i>	
Date Received	_____
Date Recorded	_____
Chapter #	_____

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

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

<b>AFFILIATION FEES:</b>			<b>Based on sliding scale</b>		
<b>1 - 250 members</b>	<b>\$ 25</b>	<b>751 - 1000 members</b>	<b>\$ 150</b>	<b>1501 - 1750 members</b>	<b>\$ 300</b>
<b>251 - 500 members</b>	<b>\$ 50</b>	<b>1001 - 1250 members</b>	<b>\$ 200</b>	<b>1751 - 2000 members</b>	<b>\$ 350</b>
<b>501 - 750 members</b>	<b>\$ 100</b>	<b>1251 - 1500 members</b>	<b>\$ 250</b>	<b>2001 - 2250 members</b>	<b>\$ 400</b>

**Number of Members**  **Affiliation Fee Amount \$**

Date \_\_\_\_\_ Name of Affiliate \_\_\_\_\_

Mailing 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 Contacts listed will be added to the WSARA-EF email list**

**All Chapter Affiliation Fees are due on January 1<sup>st</sup> of each year.**  
Make checks payable to: Washington State Alliance for Retired Americans Educational Fund  
Mail Payment & **Completed** Form to:  
PO Box 248  
Kent, WA 98032

**Please call us if you know of other groups that would like to join the Washington Alliance.**  
Any questions? Please call 206-890-1009

**2017 Additional Information for Chapter Affiliation**  
*(Please Print)*

Name of Chapter Affiliate: \_\_\_\_\_

1. Person to whom all correspondence should be sent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. For the Alliance to add you to our "activist" list to receive e-mail "alerts" on important issues, it is essential that you supply us with your E-Mail address and a fax number to which you have access.

3. How many members does your chapter have? \_\_\_\_\_

4. How often does your chapter meet? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other: \_\_\_\_\_

5. Day of Meetings \_\_\_\_\_ Time of Meetings \_\_\_\_\_ AM/PM

6. Meeting Location \_\_\_\_\_  
(Please fill in place, street address and city)

7. Does your chapter charge any dues: \_\_\_ Yes \_\_\_ No If yes, Amount: \$ \_\_\_\_\_

8. Is your chapter 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 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: \_\_\_\_\_

Mail completed forms and checks to:  
Washington State Alliance for Retired Americans Educational Fund  
PO Box 248  
Kent, WA 98032

