



Wisconsin Alliance for Retired Americans 2014 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	\$ 40	251 - 350 members	\$130
26 - 50 members	\$ 50	351 - 500 members	\$180
51 - 75 members	\$ 60	501 – 750 members	\$230
76 - 100 members	\$ 70	751 and above members	\$280
101 - 250 members	\$ 80		

Number of Members Affiliation Fee Amount \$

Date _____ Organization Name _____

Address _____ City _____ State _____ Zip _____

1st Contact Person _____ Phone () _____
(President, Vice President, Secretary, Treasurer or other - circle one)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

2nd Contact Person _____ Phone () _____
(President, Vice President, Secretary, Treasurer or other - circle one)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

3rd Contact Person _____ Phone () _____
(President, Vice President, Secretary, Treasurer or other - circle one)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

4th Contact Person _____ Phone () _____
(President, Vice President, Secretary, Treasurer or other - circle one)

Home Address _____ City _____ State _____ Zip _____

E-Mail Address: _____

Make checks payable to: Wisconsin Alliance for Retired Americans
and mail Payment & completed form to: Billy Feitlinger, 509 Russell Street
Madison, WI 53704

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

Any questions? Please call 608-239-5384