



# Wisconsin Alliance for Retired Americans 2023 Affiliation Fee Payment Form

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

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

<b>01 – 25 members \$ 50</b>	<b>AFFILIATION FEES</b>	<b>251 - 350 members \$140</b>
<b>26 - 50 members \$ 60</b>		<b>351 - 500 members \$190</b>
<b>51 - 75 members \$ 70</b>		<b>501 – 750 members \$240</b>
<b>76 - 100 members \$ 80</b>		<b>751 and above members \$290</b>
<b>101 - 250 members \$ 90</b>		

Number of Members  Affiliation Fee Included \$  Renewal Date: \_\_\_\_\_

Name of Union Local/Chapter/Club, Church, etc.:

Intl. Union or Parent Org.:

**Preferred Contact Information:** *(Please provide mailing addresses, phone numbers and either email addresses or FAX numbers for your contacts so that WIARA can send your organization critical alerts on legislative/policy issues)*

<b>1<sup>st</sup> Preferred Contact:</b>	<b>Title/Role:</b>
<i>Change/Add:</i> _____	Pres.   V Pres.   Secretary   Treas   Other
<b>Mailing Address:</b>	
<i>Change/Add:</i> _____	
<b>Phone:</b>	<b>Email/FAX:</b>
<i>Change/Add: Phone:</i> _____	<i>Email/FAX:</i> _____
<b>2nd Preferred Contact:</b>	<b>Title/Role:</b>
<i>Change/Add:</i> _____	Pres.   V Pres.   Secretary   Treas   Other
<b>Mailing Address:</b>	
<i>Change/Add:</i> _____	
<b>Phone:</b>	<b>Email/FAX:</b>
<i>Change/Add: Phone:</i> _____	<i>Email/FAX:</i> _____
<b>3rd Preferred Contact:</b>	<b>Title/Role:</b>
<i>Change/Add:</i> _____	Pres.   V Pres.   Secretary   Treas   Other
<b>Mailing Address:</b>	
<i>Change/Add:</i> _____	
<b>Phone:</b>	<b>Email/FAX:</b>
<i>Change/Add: Phone:</i> _____	<i>Email/FAX:</i> _____

Does your organization have a **business office** that is not listed in the contact data above? If so, please complete this information:

Address (Street, City, State, ZIP)

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Mail Payment and Completed Forms to:  
**Wisconsin Alliance for Retired Americans**

ATTN: Alex Brower  
 6333 West Bluemound Road  
 Milwaukee, WI 53213

Call Alex Brower at 414-949-8756 or email [wiaaraexecdir@gmail.com](mailto:wiaaraexecdir@gmail.com) if you have questions on the forms or if you need more copies to give to other organizations that may also be interested in joining WIARA.

**2023 Additional Information for Affiliation**  
(Please Print)

1. **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: \_\_\_\_\_

2. **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. The WIARA bi-monthly Newsletter will be sent via email or U.S. mail if no email address is available.*

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

4. **Day of Meetings** \_\_\_\_\_ **Time of Meetings** \_\_\_\_\_

5. **AM/PM Meeting Location** \_\_\_\_\_

(Please fill in place, street address and city)

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

7. **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:** \_\_\_\_\_

