



Wisconsin Alliance for Retired Americans 2024 Affiliation Fee Payment Form

For Office Use Only

Date Received _____

Date Recorded _____

Chapter # _____

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

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

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)*

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

2024 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: _____

