Texas Alliance for Retired Americans
Educational Fund
2016 Affiliation Fee Payment Form

PLEASE Print legibly

New_____ Renewal_____

AFFILIATION FEES:
Central Labor Councils $100
Chapters, Other Groups $25
Statewide Organizations $300
National and International Organizations $1,000+

Affiliation Fee Amount $_________

Date _________ Chapter Name_______________________________________

Chapter 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 Educational Fund
and mail Payment & Attn: Lewis Fulbright , Treasurer
Completed Form to: 2010 Postal Way
Dallas, TX 75212

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 214-942-4236 or Judy Bryant 214-729-0063
2016 Additional Information for Chapter Affiliation  
(Please Print)

Name of Chapter: ___________________________________________________  Chapter 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 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 if available.)

5. How often does your chapter meet? _____Weekly  _____Monthly  _____Other: ________________________________

6. Day of Meetings_________________________ Time of Meetings ________________ AM/PM

7. Meeting Location _____________________________________________________________________________
   (Please fill in place, street address and city)

8. Does your chapter charge any dues: ___ Yes  ___ No  If yes, Amount: $___________

9. Is your chapter affiliated with a union, church or any other organization or group?
   If yes, name: ___________________________________________________________________________

10. 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 – 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 Educational Fund