2019 Organization Affiliation and Payment Form
Please print legibly and provide ALL information requested

Affiliation Fee Schedule

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Affiliation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-50 members</td>
<td>$ 50</td>
</tr>
<tr>
<td>51-100 members</td>
<td>$100</td>
</tr>
<tr>
<td>101-250 members</td>
<td>$250</td>
</tr>
<tr>
<td>251-500 members</td>
<td>$500</td>
</tr>
<tr>
<td>501+ members</td>
<td>$800</td>
</tr>
<tr>
<td>Contributing members</td>
<td>$1000-$4999</td>
</tr>
<tr>
<td>(depending on size of membership)</td>
<td></td>
</tr>
<tr>
<td>Sustaining members</td>
<td>$5000 +</td>
</tr>
<tr>
<td>(sustaining members have seat on CARA Board)</td>
<td></td>
</tr>
</tbody>
</table>

Number of Members__________
Affiliation Fee Enclosed $_________

Organization Name_______________________________________________
Mailing Address ________________________________________________
City_________________State_________ZIP___________________________
Phone ( )_____________Fax ( )_____________Email__________________

*****************************************************************************************  
Contact Person #1_____________________________________________
Title:_
Mailing Address ________________________________________________
City_________________Zipcode_______
Phone ( )_____________Fax ( )_____________Email__________________

Contact Person #2_____________________________________________
Title:_
Mailing Address ________________________________________________
City_________________Zipcode_______
Phone ( )_____________Fax ( )_____________Email__________________

Contact Person #3_____________________________________________
Title:_
Mailing Address ________________________________________________
City_________________Zipcode_______
Phone ( )_____________Fax ( )_____________Email__________________

Organization affiliation fees are due at the time of affiliation and every January 1st thereafter.
Membership is for the calendar year – Jan. 1 to Dec. 31.

Make checks payable to CARA and mail with completed form to:
California Alliance for Retired Americans (CARA)
600 Grand Ave. #410, Oakland, CA 94610
877-223-6107 (toll free) or 510-663-4086 (north) or 714-488-5488 (south)
www.californiaalliance.org

--------------------------------------------------------------------------
We would like more information about CARA.
_____ Our union/community group is interested in forming a retiree club. We would like CARA work with us.
_____ Our union/community group would like someone from CARA to come and make a presentation.
_____ We have attached a list of members who would like to receive the CARA Alert/ ARA Friday Alert FREE.