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

2019 Organization Affiliation and Payment Form

Please print legibly and provide ALL information requested

Affiliation Fee Schedule

| | | | |
|-----------------|-------|--|---------------|
| 15-50 members | \$ 50 | 501 + members | \$800 |
| 51-100 members | \$100 | Contributing members | \$1000-\$4999 |
| 101-250 members | \$250 | (depending on size of membership) | |
| 251-500 members | \$500 | Sustaining members | \$5000 + |
| | | (sustaining members have seat on CARA Board) | |

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

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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.