2020 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____________________

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Contact Person #1____________________________________Title:__________________________

Mailing Address ____________________________________________________________________________

City________________________Zipcode________________

Phone ( )____________________Fax ( )____________________Email____________________

Contact Person #2___________________________________________________________________________

Mailing Address ____________________________________________________________________________

City________________________Zipcode________________

Phone ( )____________________Fax ( )____________________Email____________________

Contact Person #3___________________________________________________________________________

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.