



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

2022 Organization Affiliation and Payment Form

Please print legibly and provide ALL information requested

Affiliation Fee Schedule

15-50 members \$ 50
 51-100 members \$100
 101-250 members \$250
 251-500 members \$500

501 + members \$800
 Contributing members \$1000-\$4999
 (depending on size of membership)
 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)
 1675 7th St. P.O. Box 23754, Oakland, CA 94623-0754
 or pay on line at: [Membership \(eservicepayments.com\)](http://Membership.eservicepayments.com)
 877-223-6107 (toll free) or 510-663-4086/ 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 and other information free (or you can include names on the back of this affiliation form)