



Illinois Alliance for Retired Americans
2024 Affiliation Fee Payment Form

For Office Use Only
Date Received
Date Recorded
Chapter #

New ___ Renewal ___

PLEASE Print legibly and provide ALL the information requested.

Table with 2 columns: Member Count and Affiliation Fee. Rows include categories like 1-25 members (\$30), 251-350 members (\$175), etc.

Number of Members [Yellow Box]

Affiliation Fee Amount \$ [Yellow Box]

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:

All Chapter Affiliation Fees are due by March 31, 2024 and every year thereafter.

Make checks payable to
and mail Payment &
Form to

Illinois Alliance for Retired
PO Box 373
200 W. North Street
Normal, IL 61761.

Completed

Please call us for more copies if you know of other groups that would like to join the Illinois Alliance.

Any questions? Please call (309) 831-5284 or email: kable@illinoisretiredamericans.org