



Illinois Alliance for Retired Americans
2025 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 columns for member ranges and fees. Includes a separate entry for Labor Councils: \$500.

Number of Members [] Affiliation Fee Amount \$ []

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:

Make checks payable to Illinois Alliance for Retired Americans and mail Payment & Form to P.O Box 373 Normal Illinois 61761

All Chapter Affiliation Fees are due by March 31, 2025 and every year thereafter.

All Affiliates are entitled to delegates to our Biennial convention. Lowest payment level affiliates are entitled to 1 delegate. Each payment level adds an additional delegate up to 12 Maximum. 1 delegate = 1 vote

All payments must be made on time to qualify for the 2025 Convention

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