



ALDA CHAPTER CHARTER RENEWAL FORM

Given our desire to be of further service to people with hearing loss, and our desire to continue to promote ALDA, Inc., we, the leaders of ALDA-_____, hereby request ALDA, Inc. to renew our Chapter Charter for the coming year. If our Chapter Charter is renewed, we pledge to continue to pursue one or more of the objectives of ALDA, Inc. during the year ahead. We affirm that we are over 18 years old; that we are members in good standing of ALDA, Inc, with our dues paid up-to-date; and that we will serve as the designated officers of our Chapter during the coming year.

(PLEASE PRINT ALL INFORMATION)

- 1. **Name (President):** _____
Address: _____
Phone Number: _____ **Email:** _____
- 2. **Name (VP):** _____
Address: _____
Phone Number: _____ **Email:** _____
- 3. **Name (Secretary):** _____
Address: _____
Phone Number: _____ **Email:** _____
- 4. **Name (Treasurer):** _____
Address: _____
Phone Number: _____ **Email:** _____

ADDITIONAL REQUESTED CHAPTER INFORMATION

Number of members in your Chapter? _____
 Does your Chapter have a brochure? Yes ___ No ___
 Does your Chapter have a newsletter? Yes ___ No ___
 Does your Chapter have a website? Yes ___ No ___
 (If so, website address: _____)
 How often do you meet? Monthly ___ Bimonthly ___ Occasionally ___

BRIEF SUMMARY OF CHAPTER ACTIVITIES DURING THE PAST YEAR

If your Chapter is not presently listed on the ALDA, Inc. group tax-exemption letter, and you wish to be added to that letter, please contact treasurer@alda.org for information on becoming tax-exempt.