



## ALDA GROUP 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 ALDA Group Charter for the coming year. If our Group 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 leaders of our Group during the coming year.

**(PLEASE PRINT ALL INFORMATION)**

- 1. **Name (Leader):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- 2. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- 3. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **ADDITIONAL REQUESTED GROUP INFORMATION**

Number of members in your Group? \_\_\_\_\_  
 Does your Group have a brochure? Yes \_\_\_ No \_\_\_  
 Does your Group have a newsletter? Yes \_\_\_ No \_\_\_  
 Does your Group have a website? Yes \_\_\_ No \_\_\_  
 (If so, website address: \_\_\_\_\_)

### **BRIEF SUMMARY OF GROUP ACTIVITIES DURING THE PAST YEAR**

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