



MEMBERSHIP REGISTRATION

New _____ Renewal _____

Name _____ Preferred USER name online _____

Full Address _____

Phone (home) _____ Phone (cell) _____

Email(s) _____ (print clearly)

How did you hear of WSA? _____

Spouse's Illness &/or Disability: _____

Status: Current Caregiver___ Spouse in Nursing Home___ Spouse Deceased___ Separated/Divorced___

Your Age Group: 20-35___ 36-45___ 46-55___ 56-65___ 66+___

Children: Under 18___ Over 18___ Both___ No Children___

Are you interested in starting a WSA support group in your area? _____

WSA Supporting Membership includes subscription to Mainstay, all WSA mailings, participation in WSA Support Groups (where available), telephone Support Groups, online Support Forum, Mentorship program, respite weekends, and National Conferences.

| | | |
|---|--|----------|
| Supporting Membership Dues (circle): | One Year | \$39.00 |
| | Two Years | \$69.00 |
| | Professional / Clergy | \$50.00 |
| | Organization / Institution | \$100.00 |
| | WSA Digital Membership [Online Access Only] | \$19.00 |
| Military Membership (One year complimentary) | | |
| | Additional Contribution / Donation ... | \$ _____ |

Check Payment: Check # _____ Total Amount of Payment \$ _____

Credit Card Information: Type of Credit Card (please circle)

Type of Credit Card: Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____ CVS Security Code: _____

Name as it appears on Card: _____

Billing Address (if different from above): _____

Return Form to: Well Spouse Association, 63 West Main St – Suite H, Freehold, NJ 07728

Phone (732) 577-8899 Fax: (732) 577-8644 Email: info@wellspouse.org Website: www.wellspouse.org