



Well Spouse® Association - Supporting Membership / Donation Form

New Membership	Renewal Membership	Gift Membership	Donation
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***Required Information - must include in order to be registered.** WSA does not share member information with third parties.

***First Name:** _____ ***Last Name:** _____

Company Name (if applicable): _____ ***Email Address:** _____

***Username (for Online Forum):** _____ ***Address:** _____

***City:** _____ ***State/Province:** _____ ***Zip/Postal Code:** _____ ***Country:** _____

***Phone No** : _____ Type of phone: Home Cell Business Fax No: _____

***Spouse's Illness :**

<input type="checkbox"/> Alzheimer's Disease, Other dementia	<input type="checkbox"/> Neurological Disorders	<input type="checkbox"/> Auto-Immune Disorders
<input type="checkbox"/> Cancer - All Types	<input type="checkbox"/> Heart and Stroke Disorders	<input type="checkbox"/> Internal Organ
<input type="checkbox"/> MS - Multiple Sclerosis	<input type="checkbox"/> Paralysis, Spinal Deformation	<input type="checkbox"/> Pulmonary Disorders
<input type="checkbox"/> Other Movement Disorders	<input type="checkbox"/> Other (Please specify): _____	<input type="checkbox"/> Mental Illness
		<input type="checkbox"/> Parkinson's, Lewy Body Disease

More on spouse's illness (optional) _____ ***Year you became a Spousal Caregiver** _____

***Gender :** Male Female

***Your Age Now :** 20-35 36-45 46-55 56-65 66+

***Spouse's Age Now :** 20-35 36-45 46-55 56-65 66+

***Caregiver Status** Current - Caring at home Former - Remarried Current - Caring in nursing home Former - Spouse/Partner deceased Former - Separated/Divorced

***Children:** Under 18 Over 18 Both No children

***How Did You Hear About the WSA ?**

WSA Member / Support Group (Including Renewals)	WSA publication (Mainstay, brochures)	Professional Referral	Internet Search Engine
Internet: Any Other Site	Facebook WSA Page	Facebook Spousal Caregivers Group Page	Friend or Family Member
Trade Show or Conference (non-WSA)	Book, Article or Program About WSA (Print,TV,Radio)	Twitter	Other

Membership Dues: Membership dues entitle one to receive, by E-mail, The *Mainstay* newsletter, (6 issues per year, with member stories), attend local support groups where available, respite weekends, the annual convention, telephone support groups and other programs. (Note: Additional charges apply to some activities.)

- \$30 - 1 year membership (USA)
- \$35 - 1 year membership (International)
- \$50 - 1 year membership (professional/non-profit organization)
- \$ ___ - 1 year membership (financial hardship - a min. of \$5)
- \$55 - 2 year membership (USA)
- \$60 - 2 year membership (International)
- \$100 - Corporate Institution
- \$_____ Donation

Opt-In to Connecting Caregivers Program (See Website for Details) Yes _____

GIFT MEMBERSHIP INFORMATION:

Gift Membership Recipient Phone No: _____

Gift Membership Recipient Name: _____

Gift Membership Recipient Address: _____

Type of phone: Home Cell Business

Mail to:
Well Spouse® Association
63 West Main St. Suite H
Freehold, NJ 07728 USA