**WSA Supporting Membership Form**

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WSA does not share member information with third parties. *If renewing, enter only new or changed information and dues/donation amounts.

First Name: ____________________ Last Name: ____________________ Preferred Username for Login: ____________________

Organization Name (if applicable): ____________________

Address: ____________________

Phone No: ____________________ Type of phone: □ Home □ Cell □ Business

Email Address: ____________________ How did you hear about us? ____________________

Do you belong to a WSA Support Group? No___ Yes___ Group Name ____________________

Would you like more information on how to become a WSA Support Group Leader in your area? Yes____ No____

Gender: □ Male □ Female

Marital Status: □ Married □ Partnered □ Separated/Divorced □ Widowed

Primary Illness/Disability: ____________________ Secondary Illness/Disability: ____________________

Caregiver Status: □ Caring for spouse at home □ Separated/Divorced □ Spouse deceased □ Spouse in nursing home □ Remarried

Your Age Range: □ 20-35 □ 36-45 □ 46-55 □ 56-65 □ 66+

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

**Membership Dues:** Membership dues entitle one to receive our quarterly newsletter, our bi-weekly e-newsletter, attend local support groups where available, respite weekends and enjoy our other membership programs.

□ $30 – 1 year membership (USA) □ $55 – 2 year membership (USA)

□ $35 – 1 year membership (International) □ $60 – 2 year membership (International)

□ $50 – 1 year membership (professional/non-profit organization) □ $100 – Corporate Institution

□ $__ 1 year membership (financial hardship – a min. of $5) □ $___ Donation (Not Specified)

**Donations:** □ I wish to make this donation anonymously or □ Please notify: ____________________

Amount: $ ____________________ □ In memory/honor of: ____________________

□ Friends of the Founders Circle (one-time donation of $100 or more in honor of our founders)

□ Family & Friends- HUGS Campaign (a donation with a message of HUGS to appear in Mainstay)

**Gift Membership Info:** Please fill in the information below for the recipient of your gift membership and enter your contact information and donation amount above. Thank you.

Gift Membership Recipient Name: ____________________

Gift Membership Recipient Address: ____________________

Gift Membership Recipient Phone No: ____________________ Type of phone: □ Home □ Cell □ Business

Email Address: ____________________

Gender: □ Male □ Female

Marital Status: □ Married □ Partnered □ Separated/Divorced □ Widowed

Primary Illness/Disability: ____________________ Secondary Illness/Disability: ____________________

Caregiver Status: □ Caring for spouse at home □ Separated/Divorced □ Spouse deceased □ Spouse in nursing home □ Remarried

Age Range: □ 20-35 □ 36-45 □ 46-55 □ 56-65 □ 66+

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

**Mail to:** WSA, 63 West Main Street, Suite H, Freehold, NJ 07728

For more information, contact us at (800)838-0879, (732) 577-8899 or info@wellspouse.org. WSA Tax ID #: 36-3651073