

WSA Supporting Membership Form



New Membership Renewal Membership* Gift Membership Donation

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)
- \$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 (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
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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