WSA Professional/Corporate Membership Form

☐ New Membership  ☐ Renewal Membership
*If renewing, enter only new or changed information and dues/donation amounts.

First Name: ___________________________ Last Name: ___________________________ Degree/Title: ___________________________

Organization Name: ___________________________

Address: ________________________________________________________________

Phone No: ___________________________ Type of phone: ☐ Home ☐ Cell ☐ Business

Email Address: __________________________________________ How did you hear about us? ______________________________________

Membership Dues:

☐ $50  1 year membership (professional**, clergy**, non-profit organization)
☐ $100  1 year membership (corporate*** for-profit organization)
☐ $____ Additional Donation

List and link to be put on the WSA website:

Areas: Find a Professional or Corporate Partner: each professional or corporate partner will be listed here.

Resource – Choose category for additional listing:
☐ Books ☐ Caregiver - Encouragement ☐ Caregiver - Financial Options
☐ Caregiver - Long Term Care ☐ Caregiver - Magazines
☐ Caregiver - Organizations ☐ Caregiver - Spouse Relationship
☐ Caregiver - Tools ☐ Children of Ill Parent ☐ Disability ☐ Disease-Illness
☐ End of Life ☐ 50+ Caregivers ☐ Government & Benefits
☐ Military Spousal Caregiving ☐ Health & Fitness ☐ Shopping ☐ Caregiver

Website address for link: ______________________________________________________

Brief description/write up:
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

Would you like brochures and printed materials to distribute to your clients? Yes ____ No____

Would you like more information about discounted advertising on www.wellspouse.org or in the Mainstay newsletter? Yes ____ No____

Please Mail to: Well Spouse™Association, 63 West Main Street, Suite H, Freehold, NJ 07728
For more information, call (800)838-0879 or (732)577-8899 or email info@wellspouse.org

** Membership in the Well Spouse™Association Online Forum is normally restricted to those who are spousal caregivers, current or former. Under special circumstances professionals may have a limited-duration observer status on the Forum. Contact forumadmin@wellspouse.org.

*** We encourage our professional or corporate partners to list the Well Spouse™Association website on their website as a resource. Contact webmaster@wellspouse.org.