

WSA Professional/Corporate Membership Form

□New I	Membership	□Renewal Membership*
*If renewing, ente	er only new or o	changed information and dues/donation amounts.
First Name:		Last Name: Degree/Title:
Organization Nan	ne:	
Address:		
Phone No:		Type of phone: □ Home □ Cell □ Business
Email Address:		How did you hear about us?
Membership Due	es:	
List and link to b	\$50 \$100 \$ pe put on the W	1 year membership (professional**, clergy**, non-profit organization) 1 year membership (corporate*** for-profit organization) Additional Donation WSA website:
Areas:		sional or Corporate Partner: each professional or corporate partner will be listed here.
	Resource – C	hoose 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 III Parent Disability Disease-Illness End of Life 50+ Caregivers Government & Benefits Military Spousal Caregiving Health & Fitness Shopping Caregiver
Website address f	or link:	
Brief description/	write up:	
Would you like brochures and printed materials to distribute to your clients? Yes No		
Would you like m		n about discounted advertising on www.wellspouse.org or in the <i>Mainstay</i> newsletter?

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 SpouseTMAssociation 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 SpouseTMAssociation website on their website as a resource. Contact webmaster@wellspouse.org.