



MEMBERSHIP REGISTRATION:

New _____ Renewal _____

Name _____ Preferred USER name online _____

Full Address _____

Phone (home) _____ Phone (cell) _____ which is primary? Cell / Home

Email(s) _____ (print clearly)

How did you hear of WSA? _____

Spouse/Partner's Illness &/or Disability: _____

Status: Current at Home____ Spouse in Nursing Home____ Spouse Deceased____ Separated/Divorced____

Your Age Group: 20-35____ 36-45____ 46-55____ 56-65____ 66+____

Children: Under 18____ Over 18____ Both____ No Children____

Are you interested in starting a WSA support group in your area? _____

WSA Supporting Membership includes subscription to Mainstay, all WSA mailings, participation in WSA Support Groups (where available), telephone Support Groups, online Support Forum, Mentorship program, respite weekends, and National Conferences.

Supporting Membership Dues (circle):	One Year	\$39.00
	Two Years	\$69.00
	Professional / Clergy	\$50.00
	Organization / Institution	\$100.00
	Military Membership (One year complimentary)	
	Additional Contribution / Donation ...	\$_____
	Total Amount of Payment.....	\$_____

Check Payment: Check # _____

Credit Card Information: Type of Credit Card (please circle)

Type of Credit Card: Visa _____ MasterCard _____ Discover _____ American Express _____

Credit Card Number: _____

Expiration Date: _____ CVS Security Code: _____

Name as it appears on Card: _____

Billing Address (if different from above): _____

Return Form to: Well Spouse Association, 63 West Main St – Suite H, Freehold, NJ 07728

Phone (732) 577-8899 Fax: (732) 577-8644 Email: info@wellspouse.org Website: www.wellspouse.org