

# 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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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](mailto:info@wellspouse.org).      WSA Tax ID #: 36-3651073