



## 2019 Supporting Partner & Student Membership Application

Supporting Partner is a government official, or other individual supporting the assisted living industry. Student members are currently enrolled students (please submit proof of enrollment). Please fill out completely. Type or print in blue or black ink only.

Company or Student Name					
Address					
City		State		Zip	
Phone		Fax			
Primary Contact					
Title					
Website					
*Email					
Reason you are joining WALA:					
How did you hear about WALA:					

*\*By giving WALA your email you are opting-in for email communications.  
Please contact the WALA office to opt out.*

<b>Payment of Dues: Select a payment method. Don't forget to include your payment with this form!</b>		
Supporting Partner Dues: <b>\$110</b> Student Member Dues: <b>\$25</b>		\$
<input type="checkbox"/> Cash <input type="checkbox"/> Check (Made out to WALA) <input type="checkbox"/> Credit Card (MasterCard, Visa, Discover, or American Express)		
Number	CVV	Expires
Signature		
<i>I agree that WALA may charge my credit card in the amount shown. WALA dues are non-deductible as a charitable contribution and 4% of WALA dues are a non-deductible business expense due to lobbying activities.</i>		

<b>Email</b> Info/Invoices/Notices	
<b>Mail</b> Info/Invoices/Notices	