

WACCRA Is Your Voice

WACCRA Membership Application Form

WACCRA Educates, Collaborates and Advocates for Residents

Memberships begin March 1.

Dues full price starting between March 1 – August 31.

Dues half price starting September 1 – February 28.

1st Resident's Dues \$ _____
\$30

Resident 1: _____

Email 1: _____

Apt #: _____ Phone #: _____

Street: _____

City: _____ State: _____ Zip: _____

CCRC Name: _____

2nd Resident's Dues \$ _____
\$24

Resident 2: _____

Email 2: _____

Extended Family #1 \$ _____
Non-resident of CCRC
\$5

Family 1: _____

Email F1: _____

Street: _____

City: _____ State: _____ Zip: _____

Extended Family #2 \$ _____
Non-resident of CCRC
\$5

Family 2: _____

Email F2: _____

Street: _____

City: _____ State: _____ Zip: _____

Add'l Contribution to
support WACCRA
(Suggested \$20) \$ _____
TOTAL \$ _____

Please make checks payable to WACCRA and mail to:
WACCRA, 1420 NW Gilman Blvd. #2275, Issaquah, WA 98027

Authorization: I authorize WACCRA to send me the Annual Meeting Notice and any other communication electronically, or by hard copy sent by US Mail, or placed in my CCRC mail box.

1st person signature

2nd person signature

Date

WACCRA is a 501(C)(4). Contributions to WACCRA are not tax-deductible.