



Annual Membership and Renewal

1st Person's Dues (\$30) \$_____

Name 1_____

2nd Person's Dues (\$25) \$_____

Name 2_____

I want to support WACCRA's legislative work by making an additional contribution to our Advocacy Fund. \$_____

Street_____

Apartment_____

City_____

Total \$_____

State _____ ZIP _____

Phone_____

Email_____

Do you reside in a CCRC? If so, which one?

Providing your email address allows us to send you WACCRA News-Mail updates.

Please make checks payable to WACCRA, and return this form with your check to:

WACCRA, 1420 N.W. Gilman Blvd., #2275, Issaquah, WA 98027

WACCRA has applied to the IRS for 501(C)(4) designation; with this designation, contributions to WACCRA are not tax-deductible.

Thank you for your support!