



CONTINUING CARE RESIDENTS ASSOCIATION

WACCRA Is Your Voice....

Yearly memberships begin March 1. Partial years are prorated. Example: Joining in July? 8 months left through the next February: 8 x \$2.50 = \$20

1st Person's Dues (\$30) \$_____ / \$2.50/mo Name 1 _____
2nd Person's dues (\$24) \$_____ / \$2.00/mo Name 2 _____
Additional contribution To Support WACCRA's Legislative work \$_____ Street _____ Apt # _____
TOTAL \$_____ City/State _____
Do you or a relative reside in a CCRC? If so, which one? Phone _____ Email _____

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

Authorization: I authorize WACCRA to send the Annual Meeting Notice and any other communication electronically or by hard copy placed in my personal CCRC personal box.

1st person signature _____ 2nd person signature _____ Date _____

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