

WACCRA Membership Form
WACCRA Educates, Collaborates and Advocates for Residents

Membership: March 1, 2026 to February 28, 2027

New Member

Renewing Member

1st Resident's Dues \$ _____

\$35

Resident 1: _____

Email 1: _____

Apt #: _____ Phone #: _____

2nd Resident's Dues \$ _____

\$29

Resident 2: _____

Email 2: _____

Phone #: _____

Family member #1

Dues \$ _____

\$10

Name: _____

Email: _____

Street: _____

City: _____

State, Zip: _____

Phone #: _____

Family member #2

Dues \$ _____

\$10

Name: _____

Email: _____

Street: _____

City: _____

State, Zip: _____

Phone #: _____

Additional Contribution to support WACCRA:

Suggest \$20 or more \$ _____

TOTAL \$ _____

Please make checks payable to WACCRA and return this renewal form with your check to WACCRA, Box 2275, 1420 NW Gilman Blvd., Issaquah, WA 98027 (if by mail) OR to your CCRC's WACCRA membership liaison.

Authorization: I authorize WACCRA to send me communications electronically or by hard copy placed in my mailbox.

1st person signature

2nd person signature

Date