

WACCRA Membership Form

WACCRA Educates, Collaborates and Advocates for Residents

WACCRA, 1420 NW Gilman Blvd. #2275, Issaquah, WA 98027

Dues full price March 1 – August 31. Dues half price September 1 – February 28

New Member

Renewing Member

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

\$30

Email 1: _____

Apt #: _____ Phone #: _____

Street: _____

City: _____ State _____ Zip _____

CCRC Name: _____

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

\$24

Email 2: _____

Extended Family #1 \$ _____ Family 1: _____

Non-resident

Email F1: _____

\$5

Street: _____

City: _____ State _____ Zip _____

Extended Family #2 \$ _____ Family 2: _____

Non-resident

Email F2: _____

\$5

Street: _____

City: _____ State _____ Zip _____

Add'l Contribution to support WACCRA:

Suggest \$20 or more \$ _____

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 communications electronically or by hard copy placed in my mailbox.

1st person signature

2nd person signature

Date

WACCRA is a 501(c)(4). Contributions to WACCRA are not tax-deductible. *Thank you for your support!*