



# Supporting Partner/ Student Membership Application

Supporting Partner is a Government Official, or other individual supporting the Assisted Living Industry.  
Students members are currently enrolled students (please submit proof of enrollment).

Please fill out completely. Type of print in Blue or Black ink only.

Company Name				
Address				
City		State		Zip
Phone		Fax		
Corporate Contact				
Title				
Website				
*Email				
Reason you are joining WALA?				

\*By giving WALA your email you are opting-in for email communications. Check any of the following boxes to opt out.  News Blasts  Promotional Emails  Potential Vendors

<b>Payment of Dues: Select a payment method. Don't forget to include your payment with this form!</b> <small>WALA has determined that 1% of membership dues are non-deductible due to lobbying activities.</small>	
Supporting Partner Dues: <b>\$100</b> Student Member Dues: <b>\$25</b>	\$
Cash    Check (Made out to WALA) Credit Card (MasterCard, Visa, Discover, or American Express)	
Number	Expires
Signature	
<small>By signing, you agree that WALA may charge your credit card in the amount shown. If you have selected the payment plan, you further agree that WALA may charge future payments to your card within 15 days of the date(s) due.</small>	

## Other Contacts (for Supporting Partners only)

Contact Name	
Title	
*Email	
Contact Name	
Title	
*Email	

Please send completed form by mail or fax to:  
 Wisconsin Assisted Living Association  
 P.O. Box 7730, Madison, WI 53707-7730  
 608/288-0246 FAX: 608/288-0734