

Invoice

Membership Dues



Description	Amount
Membership Dues ____ Organization ____ Individual	\$
TOTAL	\$

Please return to:

Washington Low Income
Housing Alliance
1411 4th Ave, Suite 850
Seattle, WA 98101

206.442.9455

membership@wliha.org

www.wliha.org

Contact Information

Organization (if applicable):

Contact Name: _____

Phone: _____

Email: _____

Mailing Address:

Payment Information

Check Number: _____ or

Credit Card (circle one) Visa / MC / AMEX / DISC

Card number:
_____-_____-_____-_____

Exp. Date: _____ CVV Code _____

Street _____ Suite # _____

City _____ State _____ Zip _____

If you are joining as an organization, help us know you better!

Please answer the following questions if applicable:

How many homes does your organization maintain?

How many people/families does your organization serve per year? _____

How many staff are in your organization? _____

Check to allow us to contact you about:

- Engaging your board of directors in advocacy.
- Engaging your residents or program participants in advocacy.
- Non-partisan voter registration and education.
- Other

Should other people in your organization or personal network receive important advocacy updates from the Housing Alliance? (Use back if necessary.)

Name _____ Email _____

It's important that we represent housing needs in communities across the state. Are there organizations in your community that we should know about?

Name _____ Email _____

