

# Invoice

Membership Dues



Description	Amount
Membership Dues ____ Organization      ____ Individual	\$
<b>TOTAL</b>	<b>\$</b>

**Please return to:**

Washington Low Income  
Housing Alliance  
1411 4th Ave, Suite 1525  
Seattle, WA 98101

206.442.9455  
[membership@wliha.org](mailto:membership@wliha.org)  
[www.wliha.org](http://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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_