

Invoice

Membership Dues



WASHINGTON LOW INCOME
Housing Alliance

Description	Amount
Membership Dues	\$
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: _____

Lead Contact: _____

Phone: _____

Email: _____

Mailing Address: _____

Payment Information

Check Number: _____ or

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

Card number: _____
_____-_____-_____-_____-_____-_____

Exp. Date: _____ Code on Back _____

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 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

