



Membership Application

YES! I want to join the Washington State Alliance of Retired Americans because I too am committed to social and economic justice for retirees. I agree we must protect and strengthen social security, Medicare, and similar programs that promote retirement security for older Americans. Enclosed is \$1.00 per month, \$12.00 for a one-year individual/couple membership. (Payable annually.)

New Membership Membership Renewal

- I am already a member (through my union or individual membership) and would like to become a Financial Contributor to the Washington State Alliance for Retired Americans by enclosing \$ _____ to help fund Washington State Alliance activities.
- Total amount enclosed: \$ _____

Please print: Name: _____ Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____ Today's Date _____

Community Organization or Union Name & Number (if applicable): _____

Make your check or money order payable to **Washington State Alliance for Retired Americans**. Please mail this form to:
Washington State Alliance for Retired Americans, 2800 1st Ave, Rm 262, Seattle, WA 98121-1114