

Invoice

Membership Dues



Please return to:

Washington Low Income
Housing Alliance
100 West Harrison St.
North Tower, Suite N220
Seattle, WA 98119

Description	Amount
Suggested Membership Dues	\$
TOTAL	\$

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 _____

Street _____ Suite # _____

City _____ State _____ Zip _____

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 _____
