

Invoice

Membership Dues

Invoice number:



WASHINGTON LOW INCOME
Housing Alliance

Please return to:

Washington Low
Income Housing
Alliance

Address

304 Alaskan Way S,
Suite 302
Seattle, WA 98104

Contact Information

Organization: _____

Lead Contact: _____

Phone: _____

Email: _____

Mailing Address: _____

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? _____

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 _____

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 _____

Description	Amount
Suggested Membership Dues	\$
TOTAL	\$

Name of the Organization