

LWVSCDE Membership Renewal

	INDIVIDUAL	ADDITIONAL MEMBER (if applicable)
Name:		
Street Address:		XXXXXXX
City/State/Zip		XXXXXXX
		XXXXXXX
Email:	Email:	Email:
Phone:	Phone:	Phone:

Membership Contribution: All memberships are for one year from July 1 – June 30.

Individual \$60.00

Additional household member \$30.00

Student* \$ 5.00

*Enrolled full or part time in an accredited institution.

Your name, town, and email address will appear on the roster in the Members Only section of the LWVSCDE website. To exclude any information, check here: Name ___ Town ___ Email ___.

Date:		Make check payable to: LWVSCDE Mail form and payment to: LWVSCDE PO Box 163 Lewes, DE 19958
Membership:	\$	
Add'l Donation:	\$	
Total:	\$	

NOTE: LWVSCDE is a 501c3 tax-exempt organization, Membership contributions are deductible to the extent provided by law. Dues and donations further the work of the LWVSCDE in providing voter and civic engagement education and services.

SKILLS AND INTERESTS PLEASE CHECK ALL THAT APPLY:

Leadership		Computer Skills & Technology	
Voter Services/Civic Engagement		Communications & Social Media	
Observer Corps		Social Policy	
Administrative Support		Land Use and Development	
Financial Activities		Natural Resources	
Other Language(s) Spoken (please specify): Spanish ___ Creole ___ French ___ Other(s) _____		Other(s): _____	
May we contact you about volunteer opportunities?		YES _____ NO _____	

COMMENTS AND SUGGESTIONS: _____

Thank you for renewing your membership!