



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Address: _____

Street Address

City

State

Zip Code

PERSONAL INFORMATION

Understanding the demographics of LWV's membership base helps us progress in our value of being a fully inclusive organization. **Please fill out as much of the following info as you are comfortable with:**

Gender: _____ Pronouns: _____ Race/Ethnicity: _____ Birth Year: _____

DUES AMOUNT

Please select the dues amount you wish to pay. **The recommended rate is \$75.00**, but you may choose an amount below that, down to a minimum of \$20.00. Higher dues payments help to allow some members to pay below the recommended amount but do not grant additional benefits. *Attach a check payable to the League of Women Voters of the United States.*

\$75.00/year

Choose your own amount (minimum \$20.00): _____

The amount you choose to pay in dues will be split between your local, state, and national League. Would you like to make an additional donation exclusively to your local League?

Yes No Amount: _____

If yes, please attach a separate check payable to the League of Women Voters of Metro Columbus.

Please mail all checks to:

6500 Busch Blvd, Suite 129, Columbus, OH 43229

ADDITIONAL INFORMATION

Select volunteer opportunities of interest:

Voter Education Communications Advocacy Operations

Do you have any accessibility needs for attending meetings/events? _____