



## Youth Membership Application

*Your membership option: Student - No charge – 16-25 years of age*

Your name \_\_\_\_\_ Age \_\_\_\_\_  
*First Name, Last Name*

School \_\_\_\_\_ Class Year \_\_\_\_\_

Street address:

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Email \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Would you like to hear about volunteer opportunities? Please select as many as you wish (X):

- Voter registration, Get Out the Vote efforts, elections and informing voters
- Redistricting and other state issues specific to South Carolina
- Diversity, Equality, Inclusion/Equal Rights Amendment ratification
- Local issues and natural resources/land use/observer corps for local meetings
- Education, civics education
- Print/digital media communications about our work and issues
- Membership recruitment and support
- I have some other ideas! Please contact me.

Other comments?

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please complete and sign. Mail to LWV Beaufort Area, P.O. Box 13, St. Helena Island, SC 29920, or email completed form to BeaufortVotes@gmail.com. We will add your contact information to our distribution list for e-Blasts, meetings and volunteer opportunities for Community Service hours.