

League of Women Voters of Sussex County DE (LWVSCDE)

___ Yes! I want to **BECOME** a member of the LWVSCDE.

___ Yes! I want to **RENEW** my LWVSCDE membership.

	INDIVIDUAL	Additional Member
Name:		
Address:		
City, State, ZIP:		
Email:		
Phone:		

Membership Fees: (All memberships are for one year from July 1 – June 30. Please include name, phone number and email address for **each** member.)

Individual	\$60.00
Additional household member(s)	\$30.00, each
Student*	\$ 5.00

* Student is a person 16 - 25 yrs. old, attending an accredited high school, college, or university.

*Much of the work of the LWVSCDE is providing citizen education programs and nonpartisan voter information. This work is covered under the **Education Fund**, which is **tax-deductible**. Please consider adding a contribution to support this important work.*

Date:		Make check to: LWVSCDE Mail to: LWVSCDE PO Box 163 Lewes, DE 19958
Dues:	\$	
Education Fund:	\$	
Total:	\$	

The following information will help us get acquainted.

What activities interest you? (Please check all that apply.)

Leadership Assistance		Voter Services/Civic Engagement	
Communications & Social Media		Land Use and Development	
Managing Financial Activity		Social Policy Activity	
Administrative Support		Natural Resources	

Other Interests: _____

How did you learn about the League? _____

Thank you and Welcome!