

MEMBERSHIP REGISTRATION FORM

Make check payable to LWVUS.

Send form and check to:

LWV Northwest Wayne Co

PO Box 51502

Livonia, MI 48151

CONTACT IN	FORMATION			
First Name:		Last Name:		
Email:				
Address:				
	Street Address	City	State	Zip Code
PERSONAL II	NFORMATION			
	<u> </u>	s membership base helps us as much of the following info	. •	_
Gender:	Pronouns:	Race/Ethnicity:	Birth	Year:
an amount below members to pay be payable to the Lea \$75.00/year Choose your of The amount you of Would you like to Yes No.	that, down to a minimum pelow the recommended gue of Women Voters of the state of t	year \$250.00/y	yments help to alditional benefits. year , state, and national League?	low some Attach a check \$500.00/year nal League.
Select volunteer of Voter Educa Do you prefer in page 1	INFORMATION opportunities of interest: tion Communication person, virtual, or hybrid lability (e.g., weekdays, w	meetings?	Operations	
Do you have any	accessibility needs for at	tending meetings/events?		