



Membership Form

Please Circle One: Renewal* or New Application

First and Last Name: _____

Membership Type: Please Circle One

- a. Individual - \$57
- b. Student - Free
- c. Household - \$86 (valid for two members at the same address)
- d. Susan B. Anthony - \$107 (\$57 membership + \$50 contribution)
- e. Household + (1) Susan B. Anthony Membership - \$136 (\$86 membership + \$50 contribution)
- f. Household + (2) Susan B. Anthony Memberships - \$186 (\$86 membership + \$100 contribution)

Address: Only for New Members or Changes to Current Membership

Street/Home Address: _____

City, State, and Zip Code: _____

Email Address: _____

Name and Email Address
of Second Household
member (if applicable): _____

Please Mail With Payment Form Made Out to LWVAC:

LWVAC Membership & Dues
P.O. Box 15285
Gainesville, FL 32604-5285

* If you have previously been a
LWVAC dues-paying member, at
any time, please select Renewal