# **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.***

**Name(s):**

**Address:**

**Phone #(s):**

**Email(s):**

**Membership Fees:** (All memberships are for one year from July 1 – June 30.)

**Individual $60.00**

**Additional household member(s) $30.00, each**

**Student\* $5.00**

\*Student is defined as an individual between 16 and 25 years of age attending an accredited high school or college/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: LWVSCDEPO Box 163Lewes, 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!**