

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

**PERSONAL INFORMATION**

Understanding the demographics of LWV's membership base helps us progress in our value of being a fully inclusive organization. Please fill out as much of the following info as you are comfortable with:

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Birth Year: \_\_\_\_\_

**DUES AMOUNT**

Please select the dues amount you wish to pay. The recommended rate is \$75.00, but you may choose an amount below that, down to a minimum of \$20.00. Higher dues payments help to allow some members to pay below the recommended amount but do not grant additional benefits.

Make Membership Ship Checks payable to: **League of Women Voters of the United States.**

\_\_\_\_\_ **\$75.00/year** \_\_\_\_\_ **\$150/year** \_\_\_\_\_ **\$250/year** \_\_\_\_\_ **\$500/year**

The amount you choose to pay in dues will be split between your local, state, and national League.

Would you like to make an additional donation exclusively to the LWV of Syracuse?

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Amount:

If yes, please attach write a separate check payable to: **LWV of the Syracuse Metro Area**

**ADDITIONAL INFORMATION**

Select volunteer opportunities of interest:

Voter Education & Registration \_\_\_ Advocacy \_\_\_ Operations \_\_\_ Other \_\_\_\_\_

**Mail All Checks to:** LWV of Syracuse Metro Area  
PO Box 11862  
Syracuse NY, 13218