



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Address: _____

Street Address

City

State

Zip Code

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. The amount you choose to pay in dues will be split between your local, state, and national League. *For your dues, enclose a check payable to **League of Women Voters of the United States**.*

☐ \$75.00/year ☐ \$150.00/year ☐ \$250.00/year ☐ \$500.00/year

☐ Choose your own amount (minimum \$20.00): _____

Would you like to make an additional donation exclusively to your local League? *For donations, enclose a separate check payable to **LWV of Southwest Santa Clara Valley**.*

☐ Yes ☐ No Amount: _____

ADDITIONAL INFORMATION

Select volunteer opportunities of interest:

☐ Voter Education ☐ Communications ☐ Advocacy ☐ Operations

Do you prefer in person, virtual, or hybrid meetings? _____

What is your availability (e.g., weekdays, weekends, evenings)? _____

Do you have any accessibility needs for attending meetings/events? _____

Complete a separate form for each member. Send the completed form(s) along with the check(s) to:

LWV of Southwest Santa Clara Valley
PO Box 2865
Saratoga, CA 95070