

MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone: _____

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: _____

ANNUAL MEMBERSHIP DUES

Choose your dues amount below. Dues will be split between your local, state, and national League. **The recommended rate is \$75.00.** Higher dues payments help to fund League activities but do not grant additional benefits.

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

Choose your own amount (\$0 to \$70): _____

Make check payable to the LWVUS.

DONATION TO LWV ABC

Would you like to make an additional donation exclusively to LWV ABC?

Yes No Amount: _____

If yes, send a separate check payable to LWV ABC.

YOUR INTERESTS

Check any activities you are interested in volunteering with:

Voter Registration Candidate Forums Arranging Speakers Advocacy
 Observing Government Social Media Board of Directors Member Engagement