



LEAGUE OF
WOMEN VOTERS®
OF CHICAGO

Membership Form

Please complete the following information and mail it with your check to:

League of Women Voters of Chicago
332 South Michigan Ave, Suite 634
Chicago, IL 60604

Date: _____

Application Type: ___ New Member ___ Renewal ___ Benefactor (\$150)
Membership Type: ___ Individual (\$75) ___ Household (\$120) ___ Student Affiliate (NC)

Name of school and grade

Reduced membership dues are available to those with financial need. Contact the Membership Chair at league@lwwchicago.org, or 312-939-5949. Confidentiality is assured.

Name _____

Name of additional household member _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone (optional) _____

Email address _____

Select the areas where you would like to learn more about available opportunities:

- | | |
|--|---|
| <input type="checkbox"/> Activities and Event Planning | <input type="checkbox"/> Great Decisions/Foreign Policy Discussions |
| <input type="checkbox"/> Chicago Government | <input type="checkbox"/> Health |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership and Engagement |
| <input type="checkbox"/> Diversity and Inclusion | <input type="checkbox"/> Social Policy and Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Voter Service |

In which League activities are you interested? Describe your skills and interests and the amount of time you are available to volunteer:
