

LWVSCDE Membership Form

	INDIVIDUAL	Additional Member
Name:		
Email:		
Address:		XXXXXXXXXXXXXXXXXXXXXX
City, State, ZIP:		XXXXXXXXXXXXXXXXXXXXXX
Phone:		

Membership Contribution: All memberships are for one year from July 1 – June 30.

Please include name, phone number and email address for **each** member.

Individual	\$60.00
Additional household member	\$30.00
Student*	\$ 5.00

* Student is a person 16 - 25 yrs. old, attending an accredited high school, college, or university.

Note: LWVSCDE is a 501c3 tax-exempt organization. Membership contributions are deductible to the extent provided by law. **Dues and donations further the work of the LWVSCDE in providing voter and civic engagement education and services.**

Date:		Make check payable to: LWVSCDE Mail to: LWVSCDE PO Box 163 Lewes, DE 19958
Membership:	\$	
Add'l Donation:	\$	
Total:	\$	

The following information will help us get acquainted.

What activities interest you? (Please check all that apply.)

Leadership Assistance	<input type="checkbox"/>	Voter Services/Civic Engagement	<input type="checkbox"/>
Communications & Social Media	<input type="checkbox"/>	Land Use and Development	<input type="checkbox"/>
Managing Financial Activity	<input type="checkbox"/>	Social Policy Activity	<input type="checkbox"/>
Administrative Support	<input type="checkbox"/>	Natural Resources	<input type="checkbox"/>

Other Interests: _____

Have you been a League Member in the past? Yes__ No__ City/State _____

How did you learn about the League? _____

Thank you and Welcome!