

LWVSCDE Membership Form

	INDIVIDUAL	Additional Member
Name:		
Address:		XXXXXXXXXXXXXXXXXXXX
City, State, ZIP:		XXXXXXXXXXXXXXXXXXXX
Email:		
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.

Your name, town, and email address will be published on the roster in the Members Only section of the LWVSCDE website. If you do NOT want to be listed, CHECK HERE: _____

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!