



# MEMBERSHIP REGISTRATION FORM

## CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street 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: \_\_\_\_\_

## DUES AMOUNT

Please select the dues amount you wish to pay. Our **recommended rate is \$60.00**, 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. *Attach a check payable to the League of Women Voters of the United States.*

\$60.00/year       \$75.00/year       \$100.00/year

Choose your own amount (minimum \$20.00): \_\_\_\_\_

The amount you choose to pay in dues will be split between your local, state, and national League. **Would you like to make an additional donation exclusively to your local League?**

Yes     No    Amount: \_\_\_\_\_

*If yes, please attach a separate check payable to the LWV of Central Delaware County.*

## ADDITIONAL INFORMATION

Select volunteer opportunities of interest:

Voter Education     Communications     Advocacy     Social Policy (Education, Environment, Health, etc.)

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? \_\_\_\_\_