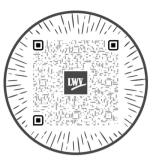


Scan this QR code if you'd rather join and pay online



## MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION					
First Name:		Last Name:	Last Name:		
Email:		Phone Number:			
Address:					
	Street Address	City	State	Zip Code	
PERSONAL I	NFORMATION				
-	<b>-</b> .	/'s membership base helps us   t as much of the following info	-	-	
Gender:	Pronouns:	Race/Ethnicity:	Birth Year:		
DUES AMOL	JNT				
an amount below members to pay payable to the Le \$60.00/yea Choose your The amount you Would you like to Yes N	v that, down to a minimulation below the recommender ague of Women Voters of ague of Women Voters of \$75.00/ own amount (minimum \$ choose to pay in dues we to make an additional do No Amount:	/year \$100.00/y	ments help to all litional benefits. r <b>ear</b> state, and nation <b>al League?</b>	ow some Attach a check	
ADDITIONA	L INFORMATION				
Select volunteer	opportunities of interes	t:	(E	ducation,	
Voter Educ	ation Communicat	tions Advocacy		nvironment, ealth, etc.)	
Do you prefer in	person, virtual, or hybrid	d meetings?			
What is your ava	ailability (e.g., weekdays,	weekends, evenings)?			
Do you have any	accessibility needs for a	attending meetings/events?			