

## MEMBERSHIP FORM

PLEASE PRINT LEGIBLY

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Family Membership (If applicable)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### Committee Work (Check to Select)

Special Events Committee

Membership Committee

Voter Services Committee

Communications Committee

Budget Committee

I prefer not to work on a committee this year

### **DUES:**

[Primary Membership \(\\$65.00\)](#)

[Household Membership \(\\$90.00\)](#)

[Student Membership \(donation-based\)](#)

Mail checks to [LWVMGC](#)- Send payments to P.O. Box 921, Gautier, MS 39553

(Dues are not tax-deductible)