

LWVSCDE Membership Form

	INDIVIDUAL	ADDITIONAL MEMBER
Name:		
Street Address:		XXXXXXXXXXXXXXXXXXXX
City, State, ZIP:		XXXXXXXXXXXXXXXXXXXX
Email:		*
Phone:		*

* Please include separate email (required) and phone # (optional) for **Additional Member**.

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

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

*Enrolled full or part time in an accredited institution.

Your name, town, and email address will appear on the roster in the Members Only section of the LWVSCDE website. To exclude any information, check here: Name ___ Town ___ Email ___.

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

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.

Your Interests and Skills

Leadership	
Voter Services/Civic Engagement	
Observer Corps	
Administrative Support	
Financial Activities	
Other Language(s) Spoken:	
Spanish ___ Creole ___ French ___	
Other(s) _____	

Please check all that apply:

Computer Skills & Technology	
Communications & Social Media	
Social Policy	
Land Use and Development	
Natural Resources	
Other(s):	

May we contact you about volunteer opportunities? YES ___ NO ___

Have you been a League Member in the past? YES ___ NO ___ City/State: _____

How did you learn about the League? _____

Thank you for joining us! Welcome!