



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

I wish to join or renew my membership in the **LEAGUE OF WOMEN VOTERS OF THE LEWISBURG AREA**.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

EMAIL _____

PHONE #'S (HOME, WORK OR CELL) _____

Please fill out one membership registration form for each membership.

SPECIAL INTERESTS

Check as many of these volunteer opportunities as interest you:

VOTER SERVICES (PUBLISHED *VOTERS GUIDE*, VOTE411.ORG, CANDIDATES NIGHTS) _____

FORUMS (EDUCATIONAL TALKS ON VARIOUS CURRENT TOPICS) _____

STUDIES (LOCAL STUDY COMMITTEES TO READ AND DISCUSS STATE & NATIONAL TOPICS) _____

MEMBERSHIP (MANAGE MEMBERSHIP INFORMATION, MEMBERSHIP SOCIALS) _____

SPECIAL EVENTS (E.G. ANNUAL MEMBERSHIP MEETING) _____

COMMUNICATIONS (NEWSLETTER, WEBSITE, FACEBOOK, ETC.) _____

LWVLA BOARD (PARTICIPATE IN THE ADMINISTRATIVE OF OUR LEAGUE) _____

OTHER _____

MEMBERSHIP DUES

Membership Type (check one):

INDIVIDUAL MEMBERSHIP (\$75) _____ PAY WHAT YOU CAN (\$20-\$75) _____

Payment:

ENCLOSED IS MY CHECK FOR \$ _____

* Please make your check payable to **LWVUS** (not LWVLA)!

* Mail your check and this form to:

LWVLA Membership, P.O. Box 206, Lewisburg, PA 17837-0206

* If you have any questions, please send email to lwvlewisburgarea@gmail.com

Thank you for your interest in our League!
We look forward to working with you!