

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



MEMBERSHIP REGISTRATION FORM

CONTACT I	NFORMATION			
First Name:		Last Name:		
Email:		Phone Number:		
Address:				
	Street Address	City	State	Zip Code
PERSONAL	INFORMATION			
_	<u> </u>	/'s membership base helps us tas much of the following info		_
Gender:	Pronouns:	Race/Ethnicity:	Birth	Year:
DUES AMO	IINT			
members to pay bayable to the L \$75.00/ye Choose you The amount you Would you like	y below the recommended eague of Women Voters of sar \$150.00 or own amount (minimum \$ u choose to pay in dues we to make an additional dor)/year \$250.00/y	ditional benefits. /ear , state, and natio	Attach a check \$500.00/year
	No Amount:			
lf yes, please att	tach a separate check paya	ble to your local League.		
ADDITION.	AL INFORMATION			
Select voluntee	r opportunities of interest	: :		
Voter Edu	cation Communicat	ions Advocacy C	perations	
Do you prefer i	n person, virtual, or hybrid	d meetings?		
What is your av	vailability (e.g., weekdays,	weekends, evenings)?		
		attending meetings/events?		