



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Address: _____

Street Address

City

State

Zip Code

PERSONAL INFORMATION

Understanding the demographics of LWV's membership base helps us progress in our value of being a fully inclusive organization. **Please fill out as much of the following info as you are comfortable with:**

Gender: _____ Pronouns: _____ Race/Ethnicity: _____ Birth Year: _____

DUES AMOUNT

Please select the dues amount you wish to pay. **The recommended rate is \$75.00**, but you may choose an amount below that, down to a minimum of \$20.00. Higher dues payments help to allow some members to pay below the recommended amount but do not grant additional benefits.

\$75.00/year Choose your own amount (minimum \$20.00):

The amount you choose to pay in dues will be split between your local, state, and national League. Attach a check payable to the League of Women Voters of the United States.

DONATION TO THE LANSING AREA LEAGUE

Would you like to make an additional donation exclusively to the Lansing Area LWV?

Yes No Amount: _____

If yes, please attach a separate check payable to the League of Women Voters of Lansing Area.

ADDITIONAL INFORMATION

Select volunteer opportunities of interest:

Voter Education Education Environment Public Health and Safety

Do you have any skills you could share with the League, e.g. technology, graphics, etc.

What is your availability (e.g., weekdays, weekends, evenings)? _____

Do you have any accessibility needs for attending meetings/events? _____