

Membership Application and Renewal Form

Month of Application/Renewal: _____ Today's Date: _____

First Household Member:

Second Household Member:

Name _____

Name _____

Phone number _____

Phone number _____

Email _____

Email _____

Address _____ City _____ Zip _____

Have you belonged to another League? ___ Y/N League Name/Location: _____

Membership Level—Please check the type of membership. Suggested dues are listed. You may contribute more or less. Your membership includes membership in the Local, State and National League.

- Individual Member (\$65) or the amount you would like to contribute \$ _____
- 2 Individuals in One Household Membership (\$95) or the amount you would like to contribute \$ _____
- Sustaining Individual Member (\$150/annually)
- Student, 16 years or older (\$0)

Get Engaged with the League!

Please indicate below what may be of interest to you:

Activities	
<input type="checkbox"/>	Candidate Forums
<input type="checkbox"/>	Voter Registration
<input type="checkbox"/>	Voter Services Committee
<input type="checkbox"/>	Organizing Events
<input type="checkbox"/>	Communications
<input type="checkbox"/>	Prepare Mailings
<input type="checkbox"/>	Calling/Texting People
<input type="checkbox"/>	Rallies
<input type="checkbox"/>	Finance Committee (Fundraising)
<input type="checkbox"/>	Board of Directors
<input type="checkbox"/>	Natural Resources Committee
<input type="checkbox"/>	Local Meet-Up Groups (Units)
<input type="checkbox"/>	Diversity, Equity and Inclusion Initiatives
<input type="checkbox"/>	Membership Committee
<input type="checkbox"/>	Historian/Archivist
<input type="checkbox"/>	Other:

Extra Donations Are Always Appreciated!

\$ _____ Eleanor Bussey Memorial Fund for
Voter Services

\$ _____ Dunne Memorial **Scholarship**

\$ _____ LWV/ABC **Programs & Operations**

Please mail your check and completed form to:

LWV/ABC
PO Box 175
Ashland, WI 54806

Thank you for making democracy work!