



Membership Application and Renewal Form

Month of Appli	cation/Renewal:	Today's	Date:
First Household Member:	S	econd Household Mem	ber:
Name	N	lame	
Phone number	Р	hone number	
Email	E	mail	
Address	C	ity	_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.

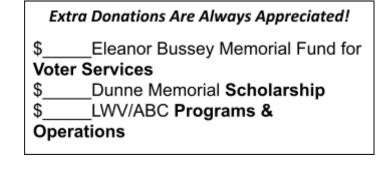
Individual Member (\$65) or the amount you would like to contribute \$____

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



Please mail your check and completed form to:

LWV/ABC PO Box 175 Ashland, WI 54806

Thank you for making democracy work!