



Please mail this to  
LWVUV, PO Box 2434,  
Roseburg OR 97470 with  
your check.

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



# 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. *Attach a check payable to the League of Women Voters of the United States.*

\$75.00/year       \$150.00/year       \$250.00/year       \$500.00/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. Would you like to make an additional donation exclusively to your local League?

Yes     No    Amount: \_\_\_\_\_

*If yes, please attach a separate check payable to your local League.*

## ADDITIONAL INFORMATION

Select volunteer opportunities of interest:

Voter Education     Communications     Advocacy     Operations

Do you prefer in person, virtual, or hybrid meetings? \_\_\_\_\_

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

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