

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: _____

Pay by credit card or bank account online by clicking on the join/renew form on our website's [Join page](#) or scanning this QR code



To pay by check: fill out this form and mail to:

LOWVYC, PO Box 723,
Yakima, WA 98907

ADDITIONAL FAMILY MEMBERS?

Do you have a household member wishing to join or renew LOWV membership?
Please complete an additional form and send in with additional dues, thank you!