



## 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 fund scholarship members. **Attach a check payable to the League of Women Voters of the United States. Mail to: P.O. Box 2463, Woodland, CA 95776**

☐ \$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 a donation exclusively to your local League?**

☐ Yes ☐ No Amount: \_\_\_\_\_

**If yes, please attach a separate check payable to the League of Women Voters of Yolo County.  
Mail to: P.O. Box 2463, Woodland, CA 95776**

### 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? \_\_\_\_\_