



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First name: _____

Last name: _____

Email: _____

Phone: _____

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.

Do you want to make a donation exclusively to LWV Yolo County in addition to your dues? 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

Amount for LWVYC: _____

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? _____