



MEMBERSHIP REGISTRATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Address: _____

Street Address

City

State

Zip Code

< 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. **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 \$100.00/year Choose your own amount (minimum \$20.00): _____

Dues Assistance Requested

The amount you choose to pay in dues will be split between your local, state, and national League. **NOTE: Additional Members in your household will need to complete a separate Membership Form.**

< DONATION TO YOUR LOCAL LEAGUE

Please consider an additional donation to LWV Yolo County to support the work of the League in our communities. **Please attach a SEPARATE check payable to the League of Women Voters of Yolo County. Mail to: P.O. Box 2463, Woodland, CA 95776**

\$25 \$50 \$100 \$200 Choose your own amount: _____

The amount you donate goes **directly** to your local League.

ADDITIONAL INFORMATION

Select volunteer opportunities of interest (check all that apply):

Voter Education Healthcare Advocacy Fundraising Events

Why did you join the League? _____

How would you like to be contacted? (Check all that apply) Email Text Phone

Are you a current Student (enrolled for the school year '24-'25)? Yes No

OPTIONAL INFORMATION (Below information is not shared publicly)

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: _____