



Mail form to:
LWVNM
307 West Maple St.
Alpena, MI 49707

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? _____