

Membership Application Form

YES, I want to become a member of the League of Women Voters of Sheboygan County, Wisconsin.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Interests: (Check all that apply)

____ Voter Outreach & Registration

____ Education

____ Local Government

____ Environment & Natural Resources

____ Publicity

____ Fundraising

Other: _____

The League of Women Voters of Sheboygan County strives to remove barriers to membership. To support research and lobbying efforts by the LWV WI and the LWV US, we annually submit \$62 for each individual and flexible rate member, and \$31 for each second member of a household. Our dues structure does not fulfill these financial obligations, so we fundraise the balance for students and flexible rate members. **Please consider making one of these additional contributions to cover our costs.*** Dues and donations are tax deductible.

Check one:

____ Individual membership: \$65

____ Student: \$0

____ Flexible rate member: \$ _____
(what you can afford)

____ Household: \$95
(two members at the same address)

*Additional contribution: \$ _____

Make check payable to:

League of Women Voters
of Sheboygan County

Mail check with form to:

League of Women Voters of Sheboygan County
P.O. Box 465
Sheboygan, WI 53082-0465