

Membership Form

1. Contact information

First Name: _____ Last Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Summer Contact Information (If Applicable):

Address: _____

City: _____ State: _____ Zip: _____

Summer Phone: _____

2. Membership Level	
Carrie Chapman Catt (individual)	200.00
Carrie Chapman Catt (family; two or more individuals living at the same address)**	232.50
Susan B. Anthony (individual)	100.00
Susan B. Anthony (family)**	132.50
Suffragist (individual)	65.00
Suffragist (family)**	97.50
Student and Associate Memberships (a person under 18, a non-citizen, or a member of another League. Please list the League here _____)	32.50
Non tax-deductible contribution to the LWVCC General Fund (operating & advocacy expenses)	
** If you are joining as a Family Membership, please include the name and email of the family member who is joining with you.	TOTAL

Make one check payable to LWVCC for **membership** and **contributions to the General Fund** (this payment is not tax-deductible).

PLEASE CONSIDER a separate check payable to the LWVCC Education Fund for contributions for education purposes only (this payment is tax-deductible).

Mail your check(s) to the League of Women Voters of Collier County, PO Box 9883, Naples FL 34101

THANK YOU!

NEW MEMBER BACKGROUND AND INTEREST INFORMATION

ARE YOU HERE PART OF THE YEAR? _____ If YES, from _____ to _____

Are you a current member of the League of Women Voters elsewhere?

If Yes, please indicate which League _____ and any leadership positions held.

Have you been a member of the League of Women Voters in the past?

If Yes, please indicate which League _____ and any leadership positions held.

WHY DID YOU DECIDE TO JOIN THE LEAGUE (in one sentence)?

MEMBERSHIP IN OTHER LOCAL ORGANIZATIONS (please indicate any leadership positions)

SPECIAL TALENTS, SKILLS [Please check all that apply]

<input type="checkbox"/> ACCOUNTING/FINANCE	<input type="checkbox"/> EXCEL	<input type="checkbox"/> LEADERSHIP/ORGANIZATION
<input type="checkbox"/> ART/ DESIGN	<input type="checkbox"/> WORD	<input type="checkbox"/> POLITICAL ACTIVISM
<input type="checkbox"/> DESK TOP PUBLISHING	<input type="checkbox"/> POWER POINT	<input type="checkbox"/> PUBLIC RELATIONS
<input type="checkbox"/> EDITING/WRITING	<input type="checkbox"/> FUND RAISING	<input type="checkbox"/> PUBLIC SPEAKING

Members who actively participate in a League committee gain the most from their membership. At the same time, your participation is important to our success. Which of our committees might interest you?

<input type="checkbox"/> CLIMATE CHANGE	<input type="checkbox"/> MEMBERSHIP
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> HOSPITALITY
<input type="checkbox"/> JUSTICE	<input type="checkbox"/> COMMUNICATIONS
<input type="checkbox"/> SOCIAL POLICY	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> VOTER SERVICES	

Please return this questionnaire with your membership form.

