

Membership Form

Date: _____

I am joining at the following level (please check one):

Sponsoring Memberships

<input type="checkbox"/>	\$60 Individual	<input type="checkbox"/>	\$100 Susan B. Anthony (Individual)
<input type="checkbox"/>	\$85 Household	<input type="checkbox"/>	\$200 Carrie Chapman Catt (Household)
<input type="checkbox"/>	\$ 0 Student	<input type="checkbox"/>	_____ New Member _____ Renewal

Please fill out this form completely, even if renewing, so we have your current information on file.

Print Names(s)	Authorizing Signature
Mailing Address	City, State, Zip
Primary Phone (circle: Home Mobile Work)	Primary Email
Name – Second Household Member	Secondary Email
Secondary Phone (circle: Home Mobile Work)	

Unless otherwise indicated, this primary contact data will appear in our Membership Directory [printed and/or password protected on the League website]. To protect member privacy, any and all distribution of information using this data must be preauthorized by the League President. Check to exclude contact _____

Our newsletter, *The VOTER*, is sent electronically. Please contact us if you need a mailed version.

I want to be involved with these League activities and priorities (check all that apply):

<input type="checkbox"/>	Pasco Unit	<input type="checkbox"/>	Voter Services (register/ inform voters)
<input type="checkbox"/>	South Hillsborough County	<input type="checkbox"/>	Diversity, Equity and Inclusion
<input type="checkbox"/>	Tampa and North Hillsborough County	<input type="checkbox"/>	Education
<input type="checkbox"/>	Plant City	<input type="checkbox"/>	Environment and Climate
<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	Gun Violence Prevention
<input type="checkbox"/>	Development - fund-raising, LAA	<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Membership – recruitment & outreach	<input type="checkbox"/>	Immigration
<input type="checkbox"/>	Membership – engagement	<input type="checkbox"/>	Juvenile Justice
<input type="checkbox"/>	The VOTER - newsletter assistance	<input type="checkbox"/>	National Popular Vote
<input type="checkbox"/>	Speakers Bureau - presenter	<input type="checkbox"/>	Observer Corps
<input type="checkbox"/>	Communications & Digital Strategies	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Web & IT Support	<input type="checkbox"/>	Study and Action

_____ I prefer to participate in the League of Women Voters as an Inactive Supporter