

MEMBERSHIP FORM/RENEWAL FORM

Membership Renewals due by Sept. 30

Date: _____

Name: _____ e-mail: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Zip: _____ 2nd Address: _____

Membership (Check one)

- Individual \$65
- Student/Limited Income \$20
- Full Scholarship \$0
- Household \$100 (2 members living at same address)

Name of additional household member: _____

E-mail of additional household member: _____

Phone number of additional household member: _____

Additional support: \$20 \$40 \$60 \$100 Other Amount: _____

I want to donate \$20 to sponsor a limited income member.

Total Enclosed: _____

<p>All members with an e-mail address will receive the Voter newsletter by e-mail. Do you also wish to receive a print copy of the Voter newsletter? _____yes _____no</p>
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**Make check payable to LWV Duluth & mail to:
Nancy Palmer, 444 Hartley Pl., Duluth, MN 55803**

OR

To pay online, go to our website: lwvduluth.org