



**THE LEAGUE OF WOMEN VOTERS®
OF PENNSYLVANIA**

MEMBERSHIP FORM

Name: _____

Mailing Address: _____

County: _____

Phone Number: _____

Email Address: _____

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Type of Membership (*Must be a US citizen, at least 18 years old*)

_____ **Individual Membership \$60**

_____ **Household Membership \$90**

Please mail this form with check payable to LWVPA to the address below.

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Activities in which you would consider participating:

- _____ assist in planning/implementing a citizen education program
- _____ assist in planning/implementing a candidate forum
- _____ participate in a voter registration drive
- _____ review and type candidate survey data for Voters Guides
- _____ participate on the LWVPA Membership Committee
- _____ participate on the LWVPA Fundraising Committee
- _____ assist with Public Relations to publicize LWVPA events
- _____ attend some meetings (committee, membership, citizen education events)