

League of Women Voters Lincoln Lancaster

Membership Application

I want to become a member of LWVLL _____ I want to renew my membership in LWVLL
_____ (Please mark one.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

e-mail: _____

I am interested in volunteering for:

_____ Membership is \$50 a year, \$10 for high school or university students. Make
checks payable to League of Women Voters Lincoln Lancaster

_____ Donation to LWVLL (You can be a friend of the LWVLL without being a member. You
can also donate to LWVLL if you are a member.

_____ Friend of LWVLL (I don't want to join, but want to be a friend and donate to LWVLL)

**Make checks payable to the League of Women Voters Lincoln Lancaster (LWVLL) and
mail to:**

**League of Women Voters Lincoln Lancaster
4600 Valley Road, Suite 306
Lincoln, NE 68510**

**Please Print this form and send it to the office with your check for donation, membership
or both. Thank you!**