

League of Women Voters Lincoln/Lancaster County
Membership Application

(If paying by check, please print this form and send it to the office, along with your check.)

I want to **join membership** with the League of Women Voters Lincoln/Lancaster County

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

_____ Membership is \$50 year, \$10 for high school or university students.

_____ "Same in Household," (if one member in household, with same address, 2nd one can join for \$25)

_____ Donation to LWVLL

_____ Friend of LWVLL (I don't want to join, but want to be a friend and donate to LWVLL)
(memberships run from April 1 – March 31)

I would be willing to volunteer for the following _____

(possible examples: helping with voter registration, organizing candidate forums, serving on the League's board, serving on a committee)

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

League of Women Voters Lincoln Lancaster

2124 Y Street #228

Lincoln, NE 68503

If you would prefer to register online here is our address: <https://lincolnleague.org/join-us>