



# LEAGUE OF WOMEN VOTERS® OF 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
- I am at least 16 years of age.

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, 2<sup>nd</sup> 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, assisting with organization of 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**  
**P. O. Box 5054**  
**Lincoln, NE 68505**

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