

League of Women Voters of Washington County  
New Member or Renewal Application & Interest Survey Form

Name \_\_\_\_\_ Date \_\_\_\_\_ New/Renewal \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail (Please print carefully) \_\_\_\_\_

**Dues: Individual Membership, \$40      Family Membership, \$60      Student, \$20**

**Please mail your check to LWVWC, P. O. Box 4, Fayetteville, AR 72702**

Please check items you might be interested in helping with:

Voter Registration \_\_\_\_\_

Help with TV Candidate Forums \_\_\_\_\_

Help with Publicity, Displays, or Posters \_\_\_\_\_

Assist with Mailings \_\_\_\_\_ or Telephoning \_\_\_\_\_

Provide Food for Events \_\_\_\_\_

Newsletter Writing \_\_\_\_\_

Lobby State Legislature \_\_\_\_\_

Provide a Facility/Home for Meetings \_\_\_\_\_

Provide Transportation to Meetings \_\_\_\_\_

Attend City Council, Planning Commission, Task Force, Quorum Court, etc. Meetings when needed \_\_\_\_\_

Video Record or Photograph Activities \_\_\_\_\_

Other \_\_\_\_\_

I wish to receive calls to action on areas in which I might be interested: Social Policies \_\_\_\_\_

Voting & Governance \_\_\_\_\_ Environment \_\_\_\_\_ Education \_\_\_\_\_ All League Concerns \_\_\_\_\_

I wish to limit my membership to receiving the news letter. \_\_\_\_\_

I do not wish to join, but would like to make a contribution (any amount appreciated). \_\_\_\_\_

FOR MORE INFORMATION GO TO [www.lwvarwc.org](http://www.lwvarwc.org)

Thank You!