

League of Women Voters of Washington County
Interest Survey/Membership Form

Name _____ E-Mail _____

Address _____ City/Zip _____

Phone Number _____

Dues: Individual Membership, \$40 Family Membership, \$60
Please mail your check to LWVWC, P. O. Box 4, Fayetteville, AR 72702

_____ I wish to limit my membership to receiving the news letter.

_____ I wish to receive calls to action on areas in which I might be interested.

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

Please check items you might be interested in helping with:

Voter Registration _____

Help with TV Candidate Forums _____

Help with Publicity _____

Assist with Mailings _____

Provide Food for Events _____

Newsletter Editor _____

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 _____

Other _____

FOR MORE INFORMATION GO TO www.lwvarwc.org

Thank You!