

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

Thank You!