



LEAGUE OF WOMEN VOTERS®

JACKSONVILLE FIRST COAST

SERVING DUVAL, ST. JOHNS, CLAY AND NASSAU COUNTIES

MEMBERSHIP APPLICATION

New: _____ Renewal: _____

Name _____ Phone (home) _____

Address _____ Phone (cell) _____

City, ST, Zip _____ Email (Preferred) _____

County _____ Email (Alternate) _____

Communication Preferences: Email is fine _____ USPS Mail _____

Annual Membership Level

\$65 Individual Membership \$ _____

\$100 Household Membership \$ _____

Name of Household Member(s) _____

Email _____

\$30 Student Membership \$ _____

\$125 Susan B Anthony Membership \$ _____

\$250 Carrie Chapman Catt Fund \$ _____

Total \$ _____

Please make membership checks out to LWV Jacksonville First Coast

Mail form along with check to:

LWV Jacksonville First Coast

P.O. Box 118

Ponte Vedra, FL 32004-0118

I WANT TO HELP

___ Voter Registration ___ Education Committee ___ Natural Resources/Solar

___ Voter Services ___ Membership ___ Fund-Raising ___ Advocacy

___ Other: _____

Website: lwvjacksonvilleleague.org

League Phone: 904-355-8683

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