



## MEMBERSHIP/ RENEWAL FORM

New Membership  Renewal Membership

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Email address \_\_\_\_\_

Enclosed is my check to **LWV Rockland County** for a one-year Membership

Join as an Individual Member - \$57.00

Join as a Family/ Household - \$80.00

### Interests (check all that apply)

Advocacy  Climate Emergency  Education  Healthcare

Membership  PR & Communication  Voter Services

Other (please specify) \_\_\_\_\_

### Skills (check all that apply)

Event Planning  Social media  Graphic design

Website management  Zoom meetings

Other (please specify) \_\_\_\_\_

**\*\*Please make your check payable to: LWV Rockland County**

**\*\*Mail to: LWV Rockland County, P.O. Box 203, Sloatsburg, NY 10974**