

Membership for January 1, 2015 - June 30, 2016

**MEMBERSHIP FORM**  
**LEAGUE OF WOMEN VOTERS OF NEW CASTLE COUNTY**  
2400 W. 17th Street, Clash Wing, Room 1, Lower Level, Wilmington, DE 19806-1311 Tel & Fax 302-571-8948  
www.lwvdelaware-newcastlecounty.org Email: lwncc@comcast.net

Please complete this form and mail it with your check or credit card information to LWVNCC. **(PLEASE PRINT LEGIBLY)**

NAME(s) \_\_\_\_\_

STREETADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TEL. (HOME) \_\_\_\_\_ TEL. (WORK) \_\_\_\_\_

TEL (CELL) \_\_\_\_\_ EMAIL \_\_\_\_\_

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We encourage you to be involved where you can be the most productive and satisfied. Please check your areas of interest or expertise. Please complete this form even if you are a long-time member.

**AMERICAN DEMOCRACY** (Amending the U.S. Constitution, campaign finance reform, redistricting process)

**CLERICAL** (Help in office, etc.)  **DEVELOPMENT** (fund raising)  **EDUCATION**

**EVENTS** (Speakers, audio-visual, venues, etc.)  **FINANCE** (accounting, financial planning, etc.)

**GREAT DECISIONS:** 2nd Thursday, Wilmington  3rd Monday, Newark  **HEALTH CARE**

**LAND USE/TRANSPORTATION**  **LIBRARIES**  **MEMBERSHIP**  **HOT TOPIC LUNCHES**

**ENVIRONMENT:** natural resources, energy, climate change, (work on statewide issues)

**PUBLIC RELATIONS**  **SOCIAL JUSTICE:** (prisons, sentencing reform, justice issues)

**VOTERS' SERVICES:** Candidate forums  New Citizen Ceremonies  Voter Registration

**WEBSITE**  **OTHER** \_\_\_\_\_

**MEETING TIME PREFERENCE:** Daytime  Evening

(Please use the reverse side to write any additional information.)

**NEW MEMBER**  **INDIVIDUAL (\$50)**  **JOINT HOUSEHOLD (\$75)**  **RENEWAL**

**STUDENT (\$15)**  **SCHOLARSHIP DESIRED**  **50-YEAR MEMBER (no dues)**

Send mailed copy of the **Voter (\$5)**  Send mailed copy of **Membership Roster/League info. (\$2.50)**

**ADDITIONAL CONTRIBUTION \$** \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

I am enclosing a check payable to the LWVNCC

Please bill my Visa  Master Card  Discover **Card**  # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ (Note: Membership fees, added contributions are not tax deductible)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_