



**LEAGUE OF WOMEN VOTERS®
OF LAFAYETTE**

MEMBERSHIP APPLICATION

Date: _____

**League of Women Voters of Lafayette
P.O. Box 51622, Lafayette, Louisiana 70505
Phone: 337-406-0778 Fax: 866-614-3886
Website: www.lwv-lafayette.org E-mail: contact@lwv-lafayette.org**

Name _____

Street address or P.O. Box _____

City _____ State _____ Zip _____

Home phone _____ Office phone _____

Cell _____ Fax _____

E-mail _____

Best way/time to contact me _____

Please indicate membership and dues payment preference:

Individual Membership (\$60/year) Family Membership (same residence; \$90/year)

Two \$30 installments, 10/1 and 3/1 Two \$45 installments, 10/1 and 3/1

One \$60 payment, 10/1 One \$90.00 payment, 10/1

Student Membership: \$30/year

Method of Payment: Check Cash Total enclosed _____

Have you belonged to the LWV here or elsewhere? _____

Please list particular areas of interest and/or community service:

Please list skills, resources, or knowledge you have that may be of use to the League for its projects or studies (examples: fundraising, public speaking, photography, event planning, data base maintenance,etc):

