

LWVNOW Membership Application/Renewal

Appli	ication Date:			
Nam	e:			
Addr	ess:			_
City:		State:	Zip:	
Emai	il:			
Phor	ne:			
Previ	ious League Member? (Yes/No)			
Prev	ious League Name:			
Previ	ious League Location:			
Mem	bership year is July 1 to June 30.			
	\$75.00 Individual Member of Local, S	State, and Natio	nal LWV	
	\$40.00 Additional Member of Local, S household as above	State, and Natio	nal LWV from the sa	me
	Student Member (Registered full or p pay dues.	art time at an ac	ccredited institution) (does not
	\$150.00 Sustaining Individual Member of Local, State, and National LWV			
	\$150.00 Sustaining Individual Member (includes an Additional Member from	•	•	,
If	f you need assistance paying your dues	s, send a note to	information@lwvno	w.org
Mail check and completed form to:		LWVNOW		
	-	P.O. Box 22	3	

Minocqua WI 54548