



# Membership Form

Please complete the following information and mail it with your check to:

**League of Women Voters of Chicago**

**Suite 634  
332 South Michigan Ave  
Chicago, IL 60604**

**Application Type:**  New Member  Renewal

**Membership Type:**  Individual (\$75)  Household (\$120)

*Reduced membership dues are available to those with financial need. Contact the Membership Chair at [League@LWVChicago.org](mailto:League@LWVChicago.org), or 312-939-5949. Confidentiality is assured.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Secondary Phone (optional) \_\_\_\_\_

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

By joining the League of Women Voters you are agreeing to receive communication from the organization, and sharing your contact information with fellow League members.



## Membership Form

**Check to volunteer or assist with these committees or activities. By being involved, you can help make the League what you envision it to be.**

Issues/Action

Great Decisions/Foreign Policy Discussions

Communications

Health

Education

Membership

Environment

Social Policy/Housing

Planning Programs

Voter Services

**Specifically, my interests are**

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