



P.O. Box 163
 Lewes, DE 19958
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League of Women Voters of Sussex County DE (LWVSCDE)

- ___ *Yes! I want to become a member of the LWVSCDE.*
 ___ *Yes! I want to renew my LWVSCDE membership.*

Name(s): _____

Address: _____

Phone #(s): _____

Email(s): _____

Membership Fees: (All memberships are for one year from July 1 – June 30.)

Individual	\$60.00
Additional household member(s)	\$30.00, each
Student	\$30.00

*Much of the work of the LWVSCDE is providing citizen education programs and nonpartisan voter information. This work is covered under the **Education Fund**, which is **tax-deductible**. Please consider adding a contribution to support this important work.*

Date:		Make check to: LWVSCDE Mail to: LWVSCDE PO Box 163 Lewes, DE 19958
Dues:	\$	
Education Fund:	\$	
Total:	\$	

The following information will help us get acquainted.

What activities interest you? (Please check all that apply.)

Leadership Assistance	<input type="checkbox"/>	Voter Services/Civic Engagement	<input type="checkbox"/>
Communications & Social Media	<input type="checkbox"/>	Land Use and Development	<input type="checkbox"/>
Managing Financial Activity	<input type="checkbox"/>	Social Policy Activity	<input type="checkbox"/>
Administrative Support	<input type="checkbox"/>	Natural Resources	<input type="checkbox"/>

Other Interests: _____

How did you learn about the League? _____

Thank you and Welcome!