

# LWV POLK MEMBERSHIP APPLICATION FORM

## APPLICANT INFORMATION

Name:\*

Date of birth:

Phone:\*

Current address:\*

City:\*

State:\*

ZIP Code:\*

Email:\*

## MEMBERSHIP LEVEL

Individual - \$60

Household (couple) - \$90

Student - FREE

Susan B. Anthony - \$100 Household - \$130

Carrie Chapman Catt - \$250 Household - \$280

## SIGNATURES

Signature of applicant:

Date:

Signature of spouse (only if for a joint membership):

Date:

Email of spouse *(only if for a joint membership)*:

Membership Directory?

[ ] Please do not share my contact information with anyone.

\*Required Fields

Please print this form and enclose it with your check (to LWV Polk County) and mail to:

LWV Polk County  
P.O. Box 934  
Lakeland, FL 33802

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