

# MEMBERSHIP APPLICATION



## LEAGUE OF WOMEN VOTERS OF ROGUE VALLEY



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Single membership **\$65.00** Spouse membership **\$32.50** Student **\$32.50**

We are now a 501 (c)(3) - a not-for-profit organization. Your membership and other contributions are deductible to the extent allowed by the IRS.

May we publish the above information in our LWVRV Directory? Y\_\_\_\_ N\_\_\_\_

Would you like a call to be reminded of the next meeting? Y\_\_\_\_ N\_\_\_\_

Would you accept the Voters Voice on email? Y\_\_\_\_ N\_\_\_\_ or by mail Y\_\_\_\_ N\_\_\_\_

**Check all areas in which you area most interested:**

Land Use Planning	Redistricting & other Election Reforms	Fundraising
Immigration	Education Financing	Voters Voice - Newsletter
Healthcare Issues	Environment	National Issues
Government Oversight/ Observer Corps Jackson or Josephine County	Other _____	Voters Service

Please send your completed membership application, along with your check, to:  
**LWVRV PO Box 8555, Medford OR 97501**