

Please complete this form, print it, then mail it with your check(s) to the LWVBAE address below. Thank you.



Annual Membership Dues

Individual	\$75
Each Additional Household Member	\$40 x #
Additional Contribution	\$

non-deductible CHECK ▶ \$

Make this check to: LWVBAE
Not Tax Deductible

LWVB Foundation
(optional second check)

optional tax deductible CHECK ▶ \$

Make 2nd check to: LWVB Foundation
Tax-Deductible to the extent allowed by law

Email Address[es]: _____

Home/Cell Phone[s]: () _____

Work Phone[s]: () _____

Name: _____

Additional Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LWVBAE 2530 San Pablo Ave Suite F, Berkeley, CA 94702-2000

Please check those boxes that indicate where you can help us in our work. _____

I'd Like to volunteer to help:

- Register Voters
- Lobby Legislators on Issues
- Distribute Election Publications
- Speak to Others About Ballot Measures
- Write, Edit or Design League Election Publications
- Write, Edit or Design Web Pages
- Help in League Office
- Telephone Candidates or League Members
- Fundraising Efforts/Community Luncheon
- Work on TV Programs
- Work on IT Systems

I'd Like to Work with the League:

- 1-2 hours per month
- 1-2 hours per week

Topics I'm Interested in:

- Election Reform
- State Budget and Revenue Issues
- Health Care
- Education
- Housing
- Environment

Other: _____

LWVBAE Phone: 510-843-8824 Email: office@lwvbae.org