



2021-22 MEMBERSHIP FORM

Check One:  New Member  Renewing Member

Date: \_\_\_\_\_

PLEASE print legibly.

NAME OF LOCAL/STATE LEAGUE: \_\_\_\_\_

OFFICE Address: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE or MAIN CONTACT Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Members, as of January 31, 2021 (this year): \_\_\_\_\_ (local leagues only)

YOUR CONTACTS: Please indicate the person(s) from your LWV to whom information should be sent (we have space for up to 3 here, but you can send us more information by email: 2018umrr@gmail.com)

PRESIDENT Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Communications (check one or more)

Newsletters  Program/Annual Mtg Info  Membership/Renewal

TREASURER Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Communications (check one or more)

Newsletters  Program/Annual Mtg Info  Membership/Renewal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Communications (check one or more)

Newsletters  Program/Annual Mtg Info  Membership/Renewal

Two Ways to Pay Your Membership! Choose one:

1) Send your completed form and check for \$25 (payable to LWV UMRR ILO) to:

LWV Upper Mississippi River Region ILO  
c/o Jeri McGinley  
516 Sunrise Avenue  
Stevens Point, WI 54481

2) Pay online at www.lwvumrr.org

Office Use Only:  
Date Rec'd: \_\_\_\_\_  
Ck #: \_\_\_\_\_  
Date to Membership: \_\_\_\_\_