



**2019-20 Membership Form**  
 LWV-Upper Mississippi River Region  
 Inter League Organization

Check One:  New Member  Renewing Member Date: \_\_\_\_\_

**PLEASE print legibly – it is hard to accurately transcribe email addresses if they are not clear.**

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

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

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

Number of Members, as of January 31, 2019 (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: [ilomembershiptobeth@gmail.com](mailto:ilomembershiptobeth@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](http://www.lwvumrr.org)

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