

## NEW MEMBER AND RENEWAL APPLICATION

NEW	MEMBERSHIP

**SECTION 1: Member Contact Information** 

Last Name:		
First Name:		
Additional House		
Mailing Address:		
Phone Number:		
E-mail Address:		
Birth Month:		
Age Group:		

## SECTION 2: Membership Type and Payment Details

INDIVIDUAL MEMBERSHIP: If joining between July 1 and December 31 If joining between January 1 and June 30	\$60 \$30	
HOUSEHOLD MEMBERSHIP: If joining between July 1 and December 31 If joining between January 1 and June 30	\$90 \$45	
STUDENT MEMBERSHIP: Name of school or college:	\$5	
TOTAL INCLUDED:	\$	

Make checks payable to: LWV of North Iowa, PO Box 1533, Mason City, IA 50402