



LEAGUE OF  
WOMEN VOTERS®

League of Women Voters of the Township of Ocean  
**MEMBERSHIP FORM**

DATE \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (indicate if cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_ Student (\$10) \_\_\_ Individual (\$40) \_\_\_ Household (\$40+\$20 for each additional adult in household)  
*The membership year runs from July 1 to June 30. If you join after January 1, your dues will be prorated. If joining after January 1, send us this form without payment and we'll contact you to let you know the exact amount. Dues should not be a barrier to membership. Scholarship funds are available: Write us at lwvtonj@gmail.com.*

We'd like to offer you opportunities to match your time, interests, and talents. Your answers (below) will help:

1. Interests (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Voter Registration                          | Working on issues like                 |   |
| <input type="checkbox"/> Moderating a candidate forum                | <input type="checkbox"/> Environment   | <input type="checkbox"/> Energy         |
| <input type="checkbox"/> Helping at candidate forums                 | <input type="checkbox"/> Redistricting | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Observer Corps (monitoring public meetings) | <input type="checkbox"/> Voting Reform | <input type="checkbox"/> Social Justice |
| Other _____  | Other _____                            |   |

2. Experience/skills (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Membership                        | <input type="checkbox"/> Research                      |
| <input type="checkbox"/> Fund-raising                      | <input type="checkbox"/> Public Speaking               |
| <input type="checkbox"/> Finance (budget, treasurer, etc.) | <input type="checkbox"/> Advocacy (including lobbying) |
| <input type="checkbox"/> Public Relations/ Communications  | Other _____  |

3. Organizations you belong to that might be interested in partnering with us for community action work:

4. If you'd like, tell us why you are joining and what you expect from the League:

5. \_\_\_I am joining to support the work of the League but do not want to be actively involved.

**Print and return this form with your payment of \$ \_\_\_\_\_ to: LWVTO, P.O. Box 414, Oakhurst, NJ 07755.**

*Check out what we're up to at LWVTO.ORG. Or write us at LWVTONJ@GMAIL.COM.*