



Membership Application

_____ **New Member**

_____ **Renewing Member**

Name: _____

Address: _____

Phone Number _____ **Cell (y or n)** _____

Email: _____

Additional Email: _____

_____ **\$75 Individual Membership**

_____ **Round up to \$100 - your Membership + \$25**

Used for voter education to underserved communities & reduced membership costs

_____ **\$110 Household Membership** - 2 individuals at the same address

_____ **Student Membership** – complimentary

_____ Your additional donations to help Democracy Work in Napa County

Make checks payable to LWVNC | Mail this form & your check to the address below
Become a member online using your credit card at lwnapa.org

New members will receive a membership kit in the mail

**P.O. Box 10560, Napa CA 94559 | 707-287-2021 | website: lwnapa.org
Email: LWVNapa@gmail.com**