



New Member and Renewal Application

NEW MEMBERSHIP RENEWAL

SECTION 1: MEMBER CONTACT INFORMATION

	MEMBER 1 Month of Birth ____	HOUSEHOLD MEMBER 2 Month of Birth ____
Last Name		
First Name		
Address 1		
Address 2		
City		
ZIP code		
Phone home		
Phone mobile		
Email		
Age group	<input type="checkbox"/> Under 35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> over 65	<input type="checkbox"/> Under 35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> over 65

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
Individual Membership	If joining between July 1 and Dec. 30	\$60	<input type="checkbox"/>
	If joining between Jan 1 and June 30	\$30	<input type="checkbox"/>
Household Membership	If joining between July 1 and Dec. 30	\$90	<input type="checkbox"/>
	If joining between Jan. 1 and June 30	\$45	<input type="checkbox"/>
Student Membership Enter name of School/College		\$5	<input type="checkbox"/>
Donation	Insert amount of OPTIONAL donation to the LWV		<input type="checkbox"/>
Payment Type	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash		
Credit Card Fee	If paying by credit card, add \$3 for convenience fee	\$3	<input type="checkbox"/>
Total Fees			

SECTION 3: Credit Card Information (if paying by credit card) This information will not be kept at LWV

Card Type <input type="checkbox"/> Master Card <input type="checkbox"/> Visa		
Name on Card:		
Card Number:	3-digit Security Code:	Expiration Date:
<input type="checkbox"/> Billing address same as above If different, please supply billing address:		

TO PAY:

Check: Make check payable to LWV Ames/Story County.

Credit Card: Fill out credit card information above.

Send form and check or credit card information to:
 LWV Ames/Story County, P.O. Box 2266, Ames, IA 50010