

Membership Form

To join or renew by mail, please complete this form and send the form and a check to:

LWV-BMC

PO Box 5592

Bloomington, Indiana 47407

Membership Status:

- ☐ New
☐ Renewing

Membership Level and Dues:

- ☐ Individual (\$60)
☐ Household (\$85)** ☐ Student (\$0)

Your Information

Name: _____ Date Form Completed: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Email: _____

Preferred Phone Number: _____

**Information for Other Household Member (if applicable)

Name: _____

Preferred Email: _____

Preferred Phone Number: _____

Amount Enclosed

Dues: _____ Check Number: _____ Check Date: _____

*LWV-BMC is a 501(c)3 organization. Dues and donations are tax-deductible.
Questions? Contact membership@lwv-bmc.org or attach a note.*