



**We are so excited that you will be rejoining us!**

**Renewing or Lapsed Member Form**  
*(Please fill out all fields below)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Would you be interested in volunteering or serving on the board? We'd love to have you join us! What are your interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am enclosing the following:

- \_\_\_\_\_ Check for \$55 for annual dues  
\_\_\_\_\_ Additional donation to help with the chapter's activities  
\_\_\_\_\_ Total enclosed

**Please make the check out to LWV of LC, P.O. Box 899, Litchfield, CT. 06759** *(\*Please note: We are not a 501C 3 organization. Dues and donations are not tax-deductible)*

**\*\*Annual Dues are payable by July 1<sup>st</sup> every year**  
*(Don't worry, we will remind you!)*