

Name _____ Address _____

City _____ Zip _____ Email _____

Home phone _____ Cell phone _____ Preferred Contact: Cell Text Email Home

___ Some of the above information has changed in the last year.

Membership Options: ___ \$100 Sustaining (one year)
 ___ \$75 Individual (one year)
 ___ \$40 Additional household member (one year, same address)
 Name(s) _____
 Email address(es) _____
 ___ \$25 student & Recent grad (one year)
 ___ \$75 OR ___ \$25 Gift Membership for:
 Name _____
 Address _____
 Phone/email _____
 ___ \$ ___ Pay what you can (minimum \$10 requested)

Please make check payable to: **League of Women Voters Oakland**

Mail to: **P. O. Box 71838, Oakland CA 94612**

___ Please call me. I want to learn more about the League's work, volunteering, or membership.

The League of Women Voters of Oakland is a tax-exempt organization under Section 501c3 of the Internal Revenue Code. Contributions, including membership fees are tax deductible to the full extent permitted by law.

The League of Women Voters of Oakland is striving to better represent the city it serves. Please help us to track our progress by volunteering this information. Your response is optional.

Race or Ethnicity

White Black or African American Hispanic or Latinx Asian or Asian American
 Native Hawaiian or Pacific Islander Multiracial Other _____

Age

16-25 26-35 36-45 46-55 56-65
 66-75 76-85 86-95 96+