

LWV of Mesa County **Member Support Fund** Application

I, _____, request assistance from the Member Support Fund toward my yearly membership dues for the League of Women Voters of Mesa County, Colorado. I am able to contribute a partial payment of \$_____ towards the balance.

I understand that, with my LWV membership, I will make a commitment to particular aspects of the LWV Mesa County mission. I have checked my choice(s):

____ Attend meetings

____ Help with voter registration

Volunteer for one or more committees:

____ Leadership Team

____ Voter Services

____ Publicity

____ Membership Services

____ Other (please specify) _____

Additional notes to support my application:

My Information:

Name (please print) _____ ☐ New Member ☐ Returning Member

Email*: _____

Street Address: _____

City/State/Zip: _____

Primary Phone (Optional): _____

**To be a part of our mailing list and our online community, please provide a valid email address.*

Please consider my application for this assistance.

Name _____ Date _____

(Email to info@lwvmesa.org or mail to LWV-Mesa County, PO Box 4252, Grand Junction CO 81502)

Application Approved By _____ Date _____