

LWV of Tallmadge Sponsored Student Member Application

Name(s) _____

Address _____

(Street)

(City, State, Zip Code)

Phone (home) _____ (cell) _____

Email _____ Date of Application _____

All applicants must be between the ages of 18 and 24, be enrolled as a full-time student and submit a letter of recommendation from a teacher, professor or faculty advisor.

School attending: _____

Expected Graduation Date: _____ Major: _____ DOB: _____

Please indicate your area(s) of interest below:

_____ Agriculture

_____ Communications

_____ Education

_____ Elections and Redistricting

_____ Environment

_____ Event Planning

_____ Health and Social Justice

_____ Fund Development

_____ Juvenile Justice

_____ Membership

_____ Natural Resources

_____ Observer Corp

_____ Voter Services

Please answer the following questions: Why are you interested in joining the League of Women Voters? How do think you can contribute to the organization? Attach additional page(s) as needed.

Send to LWV of Tallmadge
PO Box 435
Tallmadge OH 44278