



Lake NOW Membership Form

Renewing members only need to complete information that requires update.

All Contact Information is considered Confidential and is shared only with National or Florida NOW

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

What is your preferred primary form of communication? _____ eMail _____ Mail _____ Phone

Phone Numbers: _____

Email Address: _____

Membership Status (Please choose one): _____ New _____ Renewal/Transfer _____ Re-instate

How did you hear about Lake NOW _____

Contributing Status

_____ Individual - \$40.00 _____ Additional Donation

NOW provides a sliding scale so anyone may be a member _____ Sliding Scale Minimum - \$15.00

Please address checks to NOW. You may mail checks to Lake NOW, P.O. Box 1134, Mt. Dora, FL 32756.

Received by: _____ Date Received ____ / ____ / ____

Amount Received: _____ Cash Check # _____ Check Date ____ / ____ / ____

Additional Information

NOW's Key Priorities are: Check your areas of interest

_____ Reproductive Rights _____ LGBT Rights _____ Stopping Violence Against Women

_____ Economic Justice _____ Racial Justice _____ Constitutional Equality

Other, please specify: _____

Are you interested in serving on a committee? _____ Yes _____ No

Would you like to hold an office or chair a committee? _____ Yes _____ No

Would you like to participate in career day events with local youth? _____ Yes _____ No

Are there other ways you would like to participate? _____