

MEMBERSHIP FORM

Name_____

Name(s) of additional member(s) in household_____

Address_____

City_____ Zip Code_____

Phone (home)_____ Phone (work/day)_____

Cell phone_____ Email address_____

Amount enclosed \$_____

\$60.00 one member. \$90.00 two members same household. Other available membership categories: Student Membership \$30, Sustaining Membership \$100 \$150 \$200 other-specify amount \$_____.

Dues are not tax deductible. Please write your check to: *League of Women Voters of the Midland Area*

Comments (e.g. interests, how you heard about the League)

[Contact us](#) for more information.

We are a 501(c)(4) organization.