

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.