



Membership Form

Name of New Member _____

IF student, give school name, year, and current age _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Work) _____

Cell phone _____ Email address _____

Amount Enclosed \$ _____ Phone (opt) _____

Email Address _____

Name(s) of additional new member(s) in household:

Name _____

Phone _____ Email address _____

Amount enclosed \$ _____

\$60 for one member; \$90 for two members in the same household. Student: Complimentary

Dues are not tax deductible.

Comments (Interests, how you heard about the League)

Please write your check to League of Women Voters Plymouth Area and mail it along with this form to:

League of Women Voters Plymouth Area
31 Island Rock
Plymouth, MA 02360