



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 _____

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)

Committees you are interested in:

- † Voter Services#
- # Sustainability#
- # Affordable Housing#
- # Education#
- # Communications#
- Membership#
- # Nuclear/Holtec Pilgrim#
- # Observer Corps

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

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