



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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Voter Services | <input type="checkbox"/> Sustainability | <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Nuclear/Holtec Pilgrim | <input type="checkbox"/> Observer Corps |
| <input type="checkbox"/> Diversity, Equity, and Inclusion | <input type="checkbox"/> Civic Engagement | | |

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