



LEAGUE OF WOMEN VOTERS OF MASSACHUSETTS

133 Portland Street, Boston, MA 02114 • Tel: 617-523-2999 • Fax: 617-248-0881

Email: lwvma@lwvma.org • Website: www.lwvma.org

Membership Form

JOIN THE LEAGUE!

- YES**, I want to add my voice to the League as a member-at-large of the League of Women Voters of Massachusetts.

- \$50 one-year Individual Membership
- \$65 one-year Household Membership for two members who share an address
- \$25 one-year full-time Student Membership (school: _____)
- I am unable to join the League at this time but enclose a donation of \$____ to the League of Women Voters of Massachusetts (nondeductible). Tax deductible donations may be made to the LWVM Citizen Education Fund.
- Please send me information about membership fund assistance.

Name/Names _____

Address _____

City/State/Zip _____

Email _____ Phone (day/evening) _____

METHOD OF PAYMENT (choose one)

- Enclosed is my check payable to the League of Women Voters of Massachusetts
- Please bill my credit card: ___VISA ___MasterCard ___American Express

Card # _____ Expiration date _____

Name as it appears on the credit card: _____

*Please mail this form to LWVM, 133 Portland St., Boston, MA 02114
or fax to 617-248-0881*

Thank you for joining the League of Women Voters of Massachusetts!