

**Please print this page and fill out the Membership Information Form.
Then mail it with your check to:**

League of Women Voters of Delta County
P.O. Box 994, Escanaba, MI 49829

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: \$5.00 Student membership rate.

Dues are not tax deductible. Please write your check to: League of Women Voters of Delta County

Comments (e.g. interests, how you heard about the League)

Contact us for more information.

We are a 501(c)(4) organization.