



Membership Form

Membership Type and Dues

\$	Individual (\$75)
\$	Household (\$125) <i>Two at same address</i>
\$	Fixed Income (sliding scale)
\$	Student (\$15)
\$	Trial Membership (\$30) <i>January through June only</i>
\$	Round up my dues to support the League
\$	TOTAL

Member Information

Full Name	
Address	
City, State, Zip	
Phone Number	
E-mail Address	
Check all that apply:	<input type="checkbox"/> Age 18 or over <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Under 18 <input type="checkbox"/> Not a U.S. Citizen

Second Member Information *(Household Memberships Only)*

Full Name	
Check all that apply:	<input type="checkbox"/> Age 18 or over <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Under 18 <input type="checkbox"/> Not a U.S. Citizen

Optional Information

Referred by a member? If so, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you decide to join the League or renew your dues?	
Year of Birth	
Employer/Other Affiliations:	

Send this form with your check to:
League of Women Voters of Metropolitan Columbus
6500 Busch Blvd, Suite 129 | Columbus, OH 43229 | (614) 837-1089