



Membership 2019-20

Name(s) _____

Address _____

Phone # _____ Cell phone # _____

E-mail _____

Member: _____ \$60.00

Family Member(s): _____ \$30.00 (same address)

Student (over16): _____ Free School Name: _____

Total \$ _____

Issue(s) of Special Interest _____

My Skill Sets _____

**Please make check out to LWV-CDC and mail to:
LWV-CDC, P.O. Box 131, Wallingford, PA 19086**