



**RENEW
MAIL IN FORM**

Payment: ▶

- Student - \$10
- Individual - \$60
- Joint (2 members in same household) - \$90

Your Name (first and last): ▶ _____

Your Address: ▶ _____

Your Phone Number: (indicate cell, home, or work) ▶ _____

Your Email (if available): ▶ _____

Name of Joint Member, if applicable (first and last): ▶ _____

Joint Member Phone Number (indicate cell, home, or work): ▶ _____

Joint Member Email (if available): ▶ _____

Comments (Areas of Interest, etc.): ▶

Please share your thoughts and ideas about the League. What do you think we could do to better carry out our mission? What League opportunities do you particularly appreciate?

*Please mail your check
to:*

**LWV OP
PO BOX 802
CLEMSON, SC 29633**