

Membership or Renewal Form

Check if this is a membership Renewal _____

To join or renew by mail, please print and complete this form and mail with your check to:

LWVBCC P.O. Box 1032 Niles, MI 49120

| Name | |
|---|---|
| Address | |
| City | Zip Code |
| Phone (home) | Phone (Cell) |
| Email address | |
| Name for 2nd household member, if applicable | |
| Cell phone for 2nd household member, if applica | able |
| Email address for 2nd household member, if app | olicable |
| Select your Annual Membership dues from the factor of the | e household |
| If you prefer, you can pay via PayPal by going to | our website: <u>www.lwvbcc.org.</u> |
| Comments (e.g. interests, how you heard about | the League): |
| Please give us specifics about your interests (cir | rcle all that apply): Voter Services, Energy/Environment, |
| Health & Social Services, Public Education, Budg | get/Finance, Membership, Nominating, Special Events & |
| Programs, Other | |

Thank you for your support of the League