



**JOIN
MAIL IN FORM**

Membership Type: ▶

- 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. (write on the back if you need more space): ▶

How did you learn about the League of Women Voters (write on the back if you need more space)? ▶

Please mail your check to:

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