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## LWV OF SANTA CRUZ COUNTY MEMBERSHIP FORM

Greetings,

Thank you for your interest in joining the League of Women Voters of Santa Cruz County. Please indicate whether this is a new membership or a membership renewal.

New Membership       Membership Renewal

Please indicate the contact information you do not want included in the local membership roster by marking (X) in the appropriate space(s).

Mailing Address       Phone Number       E-mail Address

Note: Contact information is for League business only and is not shared with other organizations.

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

- Individual Member @ \$65/year .....
- Primary Household Member @ \$65/year.....
- Additional Household Member(s) @ \$35/year .....
- Student Member @ \$10/year.....
- Donation to LWVSCC .....

Total \$ \_\_\_\_\_

Please consider adding a donation to help cover local program expenses. Make your dues check payable to League of Women Voters of Santa Cruz County or LWVSCC. Dues are not tax-deductible. To make a tax-deductible donation, please write a separate check to LWVC Education Fund. Mail your check(s) with this form to: LWVSCC, PO Box 1745, Capitola, CA 95010.

Thanks again for joining or renewing your membership. We look forward to seeing you at future League meetings and events.