



MEMBERSHIP FORM

Mail this form with your check to:

League of Women Voters of the La Grange Area

PO Box 542

La Grange, IL 60525

Name _____

Name(s) of additional member(s) in household _____

Address _____

City _____ Zip Code _____

Preferred phone (home or cell): _____

E-mail address _____

Amount enclosed \$ _____

\$72.00 one member.

\$108.00 two members same household.

\$25.00 student Note: Dues are not tax deductible.

Please write your check to: League of Women Voters of the La Grange Area

Comments (e.g. interests, how you heard about the League):
