



Membership Application

Name _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

Select Membership Level:

_____ Individual \$67 _____ Family \$90

_____ Sponsor \$125* _____ Patron \$250*

_____ Student \$15

Make checks payable to LWV of Rye, Rye Brook & Port Chester

**Mail your application and check to:
LWV of Rye, Rye Brook & Port Chester
PO Box 194, Rye, NY 10580**

The League of Women Voters is a 501(c) 4 advocacy organization.
Membership dues are not tax deductible.

* Includes membership. Monies in excess of \$67 Individual and \$90 Family go to the
LWV Educational Foundation, a 501(c) 3 organization and are tax deductible.