



## Membership Form

Membership in LWV Moscow also includes membership in the LWVID and LWWUS

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

Amount enclosed (*Membership dues are not tax deductible*): Regular: \$56

Family Membership (Immediate family at least 16 years of age living at the same address): \$84

Family member's name \_\_\_\_\_ email \_\_\_\_\_ cell \_\_\_\_\_

Student: **Free**

Benefactor—\$125

I request assistance for payment of my dues from the scholarship fund in the amount of: \$ \_\_\_\_\_

I would like to make the following *tax-deductible* donation to LWV of Moscow.

\$10     \$25     \$50     \$100     Other \$ \_\_\_\_\_

Send this form with your check payable to:

LWV Moscow

PO Box 9535

Moscow ID 83843