



League of Women Voters of Clackamas County Membership Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (including area code): _____

Email Address: _____

☐ This is a NEW membership

☐ I am RENEWING my membership

Membership Levels and Prices

☐ Individual Membership \$70/yr. ☐ Household Membership \$105/yr.

☐ Students under age 25 - no charge

Please mail this form and your check to:

League of Women Voters of Clackamas County

ATTN: MEMBERSHIP

PO Box 411

Lake Oswego, Or 97034