



Please print this page and fill out the Membership Information Form. Then mail it with your check to:

League of Women Voters of Greater Green Bay
P.O. Box 1923
Green Bay, WI 54305-1923

Membership Fees:

Individual: \$60.00

Additional household member(s): \$90.00

Student: \$30.00

First Name _____

Last Name _____

Additional Family Member(s) _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Cell Phone _____

(Home) Phone _____ (Work/Day) Phone _____

Amount enclosed \$ _____

Your dues are tax deductible to the extent allowed by law. Please write your check to: League of Women Voters of Greater Green Bay.

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

Thank you and Welcome!