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

League of Women Voters of the Holland Area LWV-HA P.O. Box 3183 Holland, MI 49422-3183

Name_	
Name	of additional household member who wishes to join
(Optio	onal)
Addre	SS
City	Zip Code
Cell ph	one Phone (work)
Email	address
If addi	ng second member:
Cell ph	oneEmail address
Amou	nt enclosed \$
	\$60: one member. \$90: two members same household. Student membership - \$5 (currently subsidized) (Dues are not tax deductible, we are a 501(c)(4) organization) Please write your check to: League of Women Voters of the Holland Area. ents/What areas of interest do you have? (e.g. voter registration, voter cion, climate change):
How o	lid you learn about the League of Women Voters Holland Area? Facebook League of Women Voters Holland Area website A friend told me about the League A newspaper article I have been a member of the League of Women Voters in another area
□ 0	her

Contact us for more information. (Questions: lwvholland@gmail.com)