



MEMBERSHIP FORM

Name _____

Name(s) of additional member(s) in household _____

Address _____

City _____ Zip Code _____

Phone (home) _____ Phone (work/day) _____

Cell phone _____ Email address _____

Amount enclosed \$ _____

_____ \$65.00 one member.

_____ \$105.00 two members same household.

_____ \$25.00 Student Membership

Dues are tax deductible under IRC Code Section 501(c)(3).

Please write your check to: *League of Women Voters of Horry County*

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

Mail to: League of Women Voters of Horry County, P.O. Box 2381, Conway SC 29526