



MEMBERSHIP FORM

New Member Current Member/Membership Renewal

Name(s) _____

Address _____

Phone _____ Email _____

Dues: Individual* \$60 _____

 Household* \$90 _____

 Special student rate (age-22) \$10 _____

Donation**to LWVHHI-BA (optional) \$ _____

Total amount enclosed: \$ _____

*\$60 for one year, one member; \$90 for one year, two or more members of the same household.

Please make checks payable to: LWVHHI-BA

**If you would like your donation to be tax deductible, please write a second check made out to LWVUS Education Fund, which is a 501c(3).

Please check your areas of interest:

Voter service (registration, get out the vote)

Education

State government issues and advocacy

Local Issues (including environmental)

Observer Corps

Programs

Membership

Fundraising

Communications (newsletter, publicity, Twitter, Facebook, website)

Other (specify)

How many years have you been a member of the League of Women Voters? ____

Please mail this form along with a check for your membership to Ellen Dahl, 5 Stillwater Lane, Hilton Head Island, SC 29926