



LWV SOUTHWEST SANTA CLARA VALLEY MEMBERSHIP FORM

Please print this page, fill it out and then mail it with your check to:

**League of Women Voters of Southwest Santa Clara Valley
P.O. Box 2865
Saratoga, CA 95070**

Name _____

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

Address _____

City _____ Zip Code _____

Phone (home) _____ Cell phone _____

Email _____

Amount enclosed \$ _____

\$80.00 one member. \$120.00 two members same household. Other available membership categories: \$30.00 for a student membership. Membership half price after January 1.

Please write your check to: LWV-SWSCV. *Note that dues are not tax deductible.*

How did you heard about the League?: _____

Please let us know of any professional skills/work experience you could lend to the League (graphic design, PR, program management, accounting, legal, marketing, etc.).
