



## STATE MEMBER-AT-LARGE MEMBERSHIP FORM

Use only if you live in an area where there is not a local League.

Please fill in the following information, print it, and mail it with your check to:

LWVNC Foundation  
Attention: Treasurer  
PO Box 2231  
Chapel Hill 27515-2231

Dues amounts are:

\$44 for one member

\$66 for two members same household

\$00 for full-time students up to age 26 (they may join at no cost)

Please make check out to **LWVNC Foundation**.

<b>Name:</b>	
<b>Name(s) of additional household members:</b>	
<b>If full-time student up to age 26, please note here:</b>	
<b>Street Address:</b>	
<b>City and State:</b>	
<b>Zip Code:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email Address:</b>	
<b>Date:</b>	
<b>Amount Enclosed:</b>	\$

**Thank you!**