THE LEAGUE OF WOMEN VOTERS OF MACON

A nonpartisan organization dedicated to the principles of self-government and to the promotion of political responsibility through active participation in government.

Membership Information

NAME	
ADDRESS	
CITY	ZIP CODE
HOME PHONE	
CELL PHONE	
WORK PHONE	<u></u>
EMAIL ADDRESS (Your email will not be sold or used alerts.)	for anything other than League-related activities and
MEMBERSHIP LEVEL: Women and men of voting a include GA State and National memberships.	ge and eligibility are invited to be members. All levels
	dding other people in your household, with their permission order to increase the power of our voice at the local, state n our voice and our numbers.
\$60 Individual membership	
\$60 Family membership 1st me	mber (+ \$30 each additional person living in household)
\$30 Individual student membe	rship
Total Make check payable to Leagu	e of Women Voters of Macon
I would like to share in leadership wor	k.
I will participate by attending meeting	s and events.
I will not participate. I will be a "powe	er in numbers" moral support member by paying dues.
Please mail check and membership form to League of Women Voters of Macor P.O. Box 7341	1
Macon, GA 31209-7341	jl 8/20