



League of Women Voters of the Cape Cod Area
P.O. Box 2347
Orleans, MA 02653

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 \$ _____

\$55 one member. \$85 two members same household.

Another available membership category is a single reduced amount available to those who wish to be active in the LWVCCA but for whom the full amount would be an impediment to joining. Annual Dues, assisted single \$30.

Dues are not tax deductible. Please write your check to: League of Women Voters of the Cape Cod Area

Tell us the areas that you want to know more about, or become involved in.

I am interested in:	
<input type="checkbox"/> Voter Service	<input type="checkbox"/> County Government
<input type="checkbox"/> Underserved voters	<input type="checkbox"/> Diversity, Equity and Inclusion
<input type="checkbox"/> Election day registration	<input type="checkbox"/> Environmental issues
<input type="checkbox"/> Get Out The Vote efforts	<input type="checkbox"/> Healthcare issues
<input type="checkbox"/> Ranked Choice Voting	<input type="checkbox"/> Electoral college
<input type="checkbox"/> Legislative and Advocacy	<input type="checkbox"/> ERA Amendment
<input type="checkbox"/> Youth Service	<input type="checkbox"/> Other:

Comments:

