



**Membership Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day/eve) \_\_\_\_\_

E-mail: \_\_\_\_\_

Comments (e.g. interests, how you heard about the League):

\_\_\_\_\_

**YES, I want to join the League of Women Voters of Idaho.**

You will become a member of the League of the Women Voters of Idaho and the League of Women Voters US. Because we lobby on public policy issues, membership dues and contributions are not tax deductible unless they are earmarked for the League of Women Voters of Idaho Education Fund. Consider donating to the State League to help us with our activities.

<b>Individual Membership - \$56.00</b>	_____
<b>1 Household Membership - \$28.00</b>	_____
<b>Student Membership - free</b>	_____
<b>Donation</b>	_____
<b>Total</b>	_____

**Make your check payable to: League of Women Voters of Idaho.**

*Mail or email this form with your check to:*

**LWVID Treasurer  
P.O. Box 324  
Boise, ID 83701**