

League of Women Voters of Oak Ridge Membership Form

Name _____

Name of additional member in household _____

Address _____

City _____ State _____ Zip Code _____

Phone (primary) _____ Phone (secondary) _____

Email address _____

Amount Enclosed \$ _____

\$60.00 one member; \$90.00 two members same household.

Please write your check to: ***League of Women Voters of Oak Ridge***

We are a 501(c)(4) organization. ***Dues are not tax-deductible.***

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

Mail form and check to:

League of Women Voters of Oak Ridge
P.O. Box 4073
Oak Ridge, TN 37831-4073