

JOIN THE LEAGUE AND MAKE A DIFFERENCE
YES! I/We would like to join the League of Women Voters of White Plains

LEAGUE OF WOMEN VOTERS OF WHITE PLAINS
Membership

Name(s) _____

Address _____

Phone _____ Email _____

We do not share personal contact information.

Regular Memberships: Individual \$65 Household \$100 (two members at the same address)

Premium Memberships (includes one ticket to Annual Winter Party):

Individual \$100 Household \$150

Student Membership (full time students age 16 and above): \$15 per student

Additional contribution to the LWVWP \$ _____

I do not wish to join the League, but please accept my contribution of \$ _____

Total enclosed \$ _____

Please make your check payable to LWVWP. \$54 of individual dues and \$81 of household dues are paid to the National, State, and County Leagues. The balance supports LWVWP programs. Since we lobby on issues, dues are not tax deductible.

My interests are: Voter service Education Environment
 Help with Headlines Health care Election Reform
 Youth Other _____

For questions or to suggest someone who might be interested in League membership, please contact Membership Chair
Doris Dingott
phone: 914-289-0869
email: dldingott@gmail.com

Mail this form and your check (payable to LWVWP) to

League of Women Voters of White Plains
P.O. Box 2032
White Plains, NY 10602-2032