



League of Women Voters South San Mateo County

NAME: _ ZIP: _____
 ADDRESS: _ PHONE: _____
 CITY: _ _____
 EMAIL: _ _____

YEARLY MEMBERSHIP DUES \$75 PER PERSON \$ _____
 NAME: _ \$ _____
 NAME: _ \$ _____
 NAME: _ \$ _____
 NAME: _ \$ _____

Only a small part of your dues stays with LWVSSMC. \$ _____
 The rest goes to the Bay Area, CA and US Leagues.
 Extra contribution to LWVSSMC's General Fund: _____
 \$ _____

TOTAL dues and contributions _____

Mail Form and Check(s) to:
LWVSSMC
PO BOX: 2244
MENLO PARK, CA 94026-2244