MEMBERSHIP FORM

League of Women Voters of Rhode Island
One Richmond Square, Suite 220 A-W
Providence, RI 02906

Name________________________________________________________

Name(s) of additional member(s) in household__________________________

Address______________________________________________________

City_______________________________ Zip Code____________________

Phone (home)___________________ Phone (work/day)_________________

Cell phone_______________ Email address____________________________

Amount enclosed $______________________

$50.00 one member. $75.00 two members same household. Other available membership categories: $25 Student, 16 years and older

Individuals may join the League as a Member at Large or as a member of one of the three local Leagues in Rhode Island – Please select one:

_____ LWVRI Member at Large

_____ LWV Newport County,

_____ LWV Providence, or

_____ LWV South County.

Dues are not tax deductible. Please write your check to: League of Women Voters of Rhode Island

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

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