

League of Women Voters of San Joaquin County  
P.O. Box 4548  
Stockton, CA 95204

## LWVSJC Membership Form

Please enter the following Information, print the form and mail with a check to our office.

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

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

Name of additional member in  
household: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Preferred medium for receiving newsletters:

Paper copy delivered by mail

Electronic copy delivered by email

- ☐ Individual Membership \$90
- ☐ Two Members Same Household \$140 (be sure to list both Names above)
- ☐ Mission Support Membership \$150
- ☐ Friend of the League \$30

I am a New Member

This is a Member Renewal/Restart

My Check is Enclosed - Payable To: League of Women Voters of San Joaquin County  
P. O. Box 4548, Stockton, CA 95204

*Membership dues are not tax deductible. We are a 501(c)(4) organization.*

Please note any special interests, knowledge, or possible volunteer areas of interest:

Fill out the form, then use the Print function in your browser to print the form and mail it to the address above.