



LEAGUE OF WOMEN VOTERS OF TALLAHASSEE

YOUR MEMBERSHIP IS ESSENTIAL TO OUR CAUSE

MEMBERSHIP RENEWAL

Name _____ Phone (home) _____
Address _____ Phone (cell) _____
_____ E-mail _____

(PLEASE, PRINT LEGIBLY)

STEP ONE: CIRCLE Annual Membership Level (May 1 – April 30)

\$150 Susan B. Anthony Household Membership \$ _____

\$100 Susan B. Anthony Membership \$ _____

\$90 Household Membership \$ _____

\$60 Individual Membership \$ _____

\$30 Student Membership \$ _____

I am enclosing \$5 for the LWVF Lobby Fund \$ _____

Additional Gift to the LWVUS Education Fund \$ _____ (tax deductible)

TOTAL \$ _____

***PLEASE MAKE ALL CHECKS PAYABLE TO LWV OF TALLAHASSEE.
MAIL TO: LWVT, P.O. BOX 10216, TALLAHASSEE, FL 32302-2216
(You may also renew/join online at www.lwvtallahassee.org. There is a
charge for using PayPal.)***