

Membership Form

check one...

YES, I want to join The League of Women Voters of the Spokane Area

Name: _____

Address: _____

City: _____ Zip: _____

Phone-- Home: _____ Work: _____

Fax: _____ e-mail: _____

I would like to receive the newsletter by mail or e-mail (please check one)

SORRY, I can't join at this time, but would like to donate to the League of Women Voters.

www.lwvspokane.org
509 326-8026

Please indicate amount enclosed: _____

Please make check payable to & mail to: LWVSA 2404 N. Howard St. Spokane, WA 99205

- \$ 70. Individual Distribution
- Local \$21
- State \$19
- Nat'l \$30
- \$100. Household
- \$100. Sustaining Member
- \$150. Benefactor
- \$ 35. Scholarship(call for application)
- \$ 35 Student

