



Membership Form

Membership in LWVP includes membership in the Washington State and the US Leagues (LWVWA and LWVUS)

Name (first and last) _____

Address (street, city, zip) _____

Phone(s) (home, cell, work) _____

E-mail _____

☐ **Single membership** (NOT tax deductible) \$65 \$ _____

☐ **Family membership** (NOT tax deductible) \$90 \$ _____

Additional member at least 16 or older at same address:

Name _____

E-mail _____

Phone _____

☐ Student membership FREE \$ FREE

☐ Additional donation to **Education Fund** (Tax Deductible) \$ _____

☐ I request assistance for payment of my dues from the scholarship fund in the amount of (\$ _____)

Total Amount Enclosed: \$ _____

Send this form with your check payable to:

**League of Women Voters of Pullman
P.O. Box 366
Pullman, WA 99163**

OR go to <https://lwvpullman.org/Join/> to pay with credit card
(Additional fees will apply)
For questions Email: lwvpull@yahoo.com