

Membership Application Form

To Join by mail, please fill out and print this Membership Application Form and mail with your check to:

**The League of Women Voters of Michigan
600 W. Saint Joseph Street, Suite 3G
Lansing, MI 48933-2288**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: _____ DAY/NIGHT: _____

FAX: _____

EMAIL ADDRESS: _____

AMOUNT

ENCLOSED FOR MEMBERSHIP: _____

\$70.00 one member, \$105.00 household (two at same address), \$0.00 student member, (anyone who is enrolled full or part time at an accredited institution).

**Membership dues are not tax deductible.*

COMMENTS (e.g. interests): _____

I would like to be included on an e-mail distribution of items of interest to League members. NO YES

We rely on donations and membership dues to conduct our programs. If you would like to make a donation to help us provide educational services, you may send us a check made out to the **League of Women Voters of Michigan Education Fund (LWVMIEF)**. Your donation is fully tax-deductible where permitted by law. Do you want to help us advocate on the issues you care about? Please make out a check to the **League of Women Voters of Michigan**. This contribution is very important to us but is not tax-deductible.

For more information, call the LWVMI office at (517) 484-5383 or email office@lwvmi.org