



**LEAGUE OF WOMEN VOTERS – PLACER COUNTY**

P.O. Box 836  
Loomis, CA 95650

**MEMBERSHIP FORM**

Please complete the form and submit it with your check or money order to the address noted above.

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Check the appropriate membership:

\_\_\_\_\_ One year membership for an individual is \$60.00

\_\_\_\_\_ Two members from the same household is \$90.00

\_\_\_\_\_ Student membership is \$30.00.

\_\_\_\_\_ I would like to donate \_\_\_\_\_ in addition or instead of the membership fee.

\_\_\_\_\_ Please accept my membership fee in installments as specified on below (example: first day of each month in the amount of \$15.00 for 4 months). Please note, a member will not be recognized on the Statewide or National member database until membership is paid in full).

Installment Schedule: \_\_\_\_\_ day of each month in the amount of \_\_\_\_\_ for \_\_\_\_\_ months.

NAME \_\_\_\_\_

NAME(s) of ADDITIONAL MEMBER(s) in HOUSEHOLD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

CELL Phone \_\_\_\_\_ E-MAIL \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What are you interested in (Please select as many interests as you wish):

- |                       |                           |
|-----------------------|---------------------------|
| _____ Voter Education | _____ Study Committees    |
| _____ Outreach        | _____ Organizing Meetings |
| _____ Fundraising     | _____ Other: _____        |

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**