LWVH Membership Application Form

Name________________________________________________________

Name(s) of additional member(s) in household__________________________

Mailing Address___________________________________________________

City_______________________________ Zip Code __________________

Phone (home)___________________ Phone (work/day)_________________

Cell phone (___) ___________ Email address_____________________________

Amount enclosed $______________________ (please make checks payable to League of

Women Voters of the Hamptons)

____ $60.00 one member  ____ $90.00 two members same household

____ $15.00 Full-time student  ____ $95.00 Supporting Member  ____ $ Donation

____ Education Membership* (Make this check payable to Education Foundation LWVNYS)

*Dues are not tax deductible except for amounts above dues level.

We are a 501(c)(4) organization.

Comments (e.g. interests, how you heard about the League)

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Contact us for more information.