

LWV CORVALLIS MEMBERSHIP APPLICATION

Name _____

Address _____

City, Zip + 4 digits _____

Telephone _____

E-mail _____

I have enclosed my check payable to the *League of Women Voters of Corvallis* as indicated:

\$60 - Individual Membership*

\$90- Household Membership* (Two or more people who share an address)

Name of the second household member: _____

\$30 – Student Membership*

Contribution – Regular dues are not tax deductible. However, contributions to the LWV Education Fund or LWV OR, paid with a separate check, are deductible.

What special skills/talents/interests can you share with the League?

Send completed form and check to:

**Send completed form and check to:
LWV Corvallis
P.O. Box 1679
Corvallis, OR 97339-1679.**

*New members joining from April to July pay half price (\$30).

If you are already a member of LWV elsewhere, your membership can be transferred.

Please contact Membership Director Patricia Parcels at patriciaparcels@aol.com or 541-738-2610 if you have questions.