

# MEMBERSHIP FORM

Name \_\_\_\_\_

Name(s) of additional member(s) in household \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work/day) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

75.00 one member. 110.00 two members same household. Other available membership categories: Student \$35.00, Limited Income \$35.00.

*Dues are not tax deductible. Please write your check to: League of Women Voters of Knoxville/Knox County*

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

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