



## League of Women Voters of Boston Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Individual \$60.00

Household \$90.00

Student \$20.00

Additional Contribution \_\_\_\_\_

Total Enclosed \_\_\_\_\_

Please make your check payable to the **League of Women Voters of Boston**,  
and return it with this form. Thank you.

Mail to:

League of Women Voters of Boston  
P.O. Box 180654  
Boston MA 02118