



LEAGUE OF WOMEN VOTERS
OF WAYLAND
ANNUAL MEMBERSHIP FORM
MAIL TO: League of Women Voters of Wayland
PO Box 9, Wayland, MA 01778

MEMBER CONTACT INFORMATION

Name _____

Address _____

Email: _____ Phone: _____

MEMBERSHIP LEVELS

Membership is open to both men and women over the age of 18.

_____ Individual \$60 \$ _____

_____ Household \$90 \$ _____
(2 members at the same address)

_____ Student \$20 \$ _____

Additional contribution* \$ _____

TOTAL ENCLOSED \$ _____

(Please make check payable to **League of Women Voters of Wayland** and mail to LWVW, PO Box 9, Wayland, MA 01778)

* Our local LWV depends on the generous contributions of our Members and Friends to augment our dues. A contribution of any amount is sincerely appreciated; however it is not tax deductible. Thank you!

THANK YOU FOR JOINING THE LEAGUE OF WOMEN VOTERS OF WAYLAND!