



**LEAGUE OF WOMEN VOTERS  
OF BOSTON**

*Membership Application*

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>		<b>E-mail:</b>	

Please tell us what activities and/or areas particularly interest you?

- Annual Individual Membership    \$75.00
- Annual Household Membership    \$105.00
- Annual Student Membership    \$0 (donations are encouraged)
- Additional Contribution    \$\_\_\_\_\_      Total Enclosed    \$\_\_\_\_\_

*Please make your check payable to the League of Women Voters of Boston and return with this form.  
Mail to: League of Women Voters of Boston, P.O. Box 180654, Boston MA 02118.*