



## **Membership Form**

### **MEMBER CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Note: email addresses are used ONLY for LWV business.

Please check New Member \_\_\_\_\_ or Renewing Member \_\_\_\_\_.

### **MEMBERSHIP LEVELS**

Please check your level of membership support for the LWV-Framingham.

\_\_\_\_\_ \$60 Regular member

\_\_\_\_\_ \$30 Additional Household member name \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ \$0 Full time student \*indicate College/University or High school: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE NOTE:** Dues do not cover the cost of all LWV-Framingham programs and activities, so additional donations are appreciated!

\_\_\_\_\_ I would like to make an additional donation to LWV Framingham. (Thank you!)

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

We welcome and encourage your involvement. Please contact our membership chair at [shawn@granoff.net](mailto:shawn@granoff.net) to discuss how your talents can be utilized.

Make check payable to **League of Women Voters of Framingham** and send your check with this form to:

**Membership**  
**League of Women Voters – Framingham**  
**P O Box 745, Framingham, MA 01701**

If you have any questions, please contact membership chair Shawn Granoff, [shawn@granoff.net](mailto:shawn@granoff.net) or 508 944-9038