

Join on-line at lwvsaratoga.org and click on Get Involved, or use this form

Name(s)	 	 		
Address				

Preferred phone #_____

E-Mail_____

Enclosed is my check to LWVSC for a one-year:

- _____ Individual Membership (\$60)
- _____ Gift membership (\$60 adult/\$5 student) Please put contact information on back of this form.
- _____ Household membership (\$90 for two or more family members sharing an address)
- _____ Student membership (\$5)

Membership dues assistance is available.

Please make your check payable to: LWV Saratoga County Mail to: LWV Saratoga, P. O. Box 1029, Saratoga Springs, NY 12866