



League of Women Voters
of Jefferson County, WV
PO Box 1393
Shepherdstown, WV 25443

MEMBERSHIP APPLICATION

_____ Yes, I would like more information about the League

_____ Yes, I am interested in joining the League. Enclosed is my \$45 membership fee for Individual Membership, indicating my wish to be involved

_____ Yes, we are interested in joining the League. Enclosed is our \$67.50 Household Membership fee, indicating we wish to be involved. **Includes one individual member + one other person (16 years or older).**

Name _____

Street Address: _____

City _____ State _____ Zip Code _____

Email Address _____

Telephone Number (____) _____ Other Phone (____) _____

2nd member in household

Email Address _____

Telephone Number (____) _____ Other Phone (____) _____

Additional Comments or Questions:

Make Checks payable to: LWVJC

Please return this from to and mail checks and/or money or to:

League of Women Voters of Jefferson County

PO BOX 1393

Shepherdstown, WV 25443