



LEAGUE OF WOMEN VOTERS OF CONCORD-CARLISLE
 PO BOX 34, CONCORD MA 01742
www.lwvcc.org

MEMBERSHIP FORM 2011-2012

MEMBER CONTACT INFORMATION

Name (s) _____

Address/Town _____

Email (print): _____ Phone _____

The League does not release membership lists. Members: Please respect this policy.
 Please note your preferred means for us to communicate with you: ___Mail ___Phone ___Email

If you are new to the LWVCC, please tell us if you were a League member in another location and the year you first joined: _____

MEMBERSHIP LEVELS

*Please check your level of membership support for the **CONCORD- CARLISLE LEAGUE** and make your check payable to **LWVCC**. Our mailing address is LWVCC, PO Box 34, Concord, MA 01742. Membership is open to both men and women eighteen and older.*

___ Individual	\$55.00	\$ _____
___ Household	\$80.00	\$ _____
___ Student	\$25.00	\$ _____
___ I wish to be a member; however, I can only afford		\$ _____

Additional Contribution*	\$ _____
Gift Membership (See below)	\$ _____

TOTAL ENCLOSED: \$ _____

GIFT MEMBERSHIP *makes a great gift for a friend, new neighbor, relative or graduate!*

Name of recipient: _____ Phone: _____

Address: _____

Email address if known _____

___ Individual \$55.00 ___ Household \$80.00
 ___ Student Rate -- \$25.00

** Our local LWV depends on the generosity of our Members and Friends to augment our dues by contributions. Please be as generous as you can. A contribution of any amount is sincerely appreciated and will be noted in the LWVCC Bulletin; however, it is not tax deductible. Thank you!*