



**LEAGUE OF WOMEN VOTERS OF CONCORD-CARLISLE
ANNUAL MEMBERSHIP FORM 2010**

MAIL TO: LWVCC, PO BOX 34, CONCORD MA 01742
OR VISIT OUR WEBSITE: WWW.LWVCC.COM

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

MEMBERSHIP LEVELS

**PLEASE CHECK YOUR LEVEL OF MEMBERSHIP SUPPORT FOR THE CONCORD
CARLISLE LEAGUE. *Membership is open to both men and women over eighteen.***

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

Additional Contribution* \$ _____

Gift Membership (See below) \$ _____

TOTAL ENCLOSED: \$ _____

(Please make check payable to **League of Women Voters of Concord Carlisle** and mail to LWVCC, PO Box 34, Concord, MA 01742.)

** 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!*

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