



Yes, I want to be a part of the League of Women Voters of Dane County, Inc.

[Please remit payment by November 13, 2009, so that your name will appear in the 2009-2010 Member Directory.]

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Year Joined LWV: _____

E-Mail: _____

Membership: *[July 1, 2009 - June 30, 2010]*

Member _____ \$70

Second Member _____ \$60
[same address, shares mailings with first member]

Special Rate Member _____ \$35
[of limited income or a student]

Scholarship Member _____ \$0

Member Contribution: *[Check your selection]*

\$1,000 – 500 \$499 – 200 \$199 – 100

\$99 – 50 other _____

Please make check payable to:

The League of Women Voters of Dane County, Inc.

2712 Marshall Court, Suite 2, Madison, WI 53705-2282

Total: _____

