

LWV OF GREENVILLE COUNTY MEMBERSHIP FORM

Name _____

Name of additional member in household _____

Address _____

City _____ Zip Code _____

Phone _____ Email address _____

Amount enclosed \$ _____ if paying by check

\$60.00 one member. \$90.00 two members same household. Other available membership categories: Student Membership Free.

Dues are not tax deductible.

Please write check to: *LWV of Greenville County (LWVGC) unless paying online*

Comments (e.g. interests, how you heard about the League)

Tell us about yourself: Hobbies or Interests

Why did you join the League?

Would you like to serve on a committee? _____

Birth date: Month _____ Day _____

Contact us for more information: lwvgreenvilleco@gmail.com

Return this form to:

LWV of Greenville County
1320 N. Parker Rd.
Greenville, SC 29609

We are a 501(c)(4) organization.