



League of Women Voters of Irving

MEMBERSHIP FORM

First Name: _____ Last Name _____

Additional household member (Optional): _____

Address: _____

City: _____ State: TX ZIP: _____ E-Mail _____

Phone (C): _____ (H): _____

MEMBERSHIP LEVEL:

_____ \$60.00 per single member (see note 2 below)

_____ \$30.00 each additional household member

_____ \$30.00 00 if joining after January 1 and prior to April 1st

_____ Student at _____ (Institution) – **NO FEE**

NOTE: (1) Membership(s) are annual with accounting year from June 1 to May 31 of following year.

(2) **If joining after January 1**, the initial membership fee covering the last 6 months of a fiscal year is reduced to \$30.00.

(3) Please write your check payable to LWV of Irving

(4) Dues are not tax deductible. We are a 501(c)(4) organization

PAYMENT: _____ Credit Card _____ Check (enclosed with this form): :

My skills/interests: _____

Comment (Optional): _____

For additional information, contact Judy Smith – 972-251-3161 / philudy@tx.rr.com