



Please complete this Membership Application form and mail with your check to:

League of Women Voters of the Flint Area (LWVFA)
P.O. Box 230
Flint, MI 48501-0230

Membership Categories: Individual \$65, Household \$100, Student \$25

***Primary Member:** _____ Birthdate: _____ \$65

Yrs as Member: _____ email: _____

2nd Member: (add'l \$35) _____ Birthdate: _____ \$35

Yrs as Member: _____ email: _____

Student Member (at least 1/2 time): _____ Birthdate: _____ \$25

Yrs as Member: _____ email: _____

*Address _____

*City _____ *Zip Code _____

*Phone (home) _____ Phone (other) _____

Any Add'l Household Members (\$35 ea.) _____

Birthdates of each member: _____

*Membership Amount \$ _____

General Fund Donation \$ _____

#Education Fund \$ _____

Scholarship Fund \$ _____

Total Amount Enclosed \$ _____

*Dues are not tax deductible
but donations to the #Education Fund may be deductible.*
Please write your check payable to:
League of Women Voters of the Flint Area or 'LWVFA'

Comments (e.g. interests, what you might be interested in doing with the League, etc.)

For more information, see our webpage at: LWVFlintArea.org
Or e-mail us at lwvflintarea@gmail.com

The LWV Flint Area is a 501(c)(4) organization.