



Membership Application/Renewal

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, Additional Members in Same Household \$35, Full-Time Student \$10

Name _____

Name(s) of additional member(s) in household _____

Address _____

City _____ Zip Code _____

Phone _____ Phone _____

Email address _____

Birthdates of each member: _____

Membership Amount \$ _____ General Fund Donation \$ _____

Scholarship Amount \$ _____ Education Fund [501(c)3]* \$ _____

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, how you heard about the League)

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

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