



Join the League of Women Voters of the Calumet Area

Yes, I want to join the League of Women Voters of the Calumet Area.

I enclose: (please check 1 or more)

- \$ 35 **INDIVIDUAL** one-year membership
- \$ 55 **HOUSEHOLD** one-year membership
(for two members who share an address)

- I'm unable to join the League at this time,
but enclosed is a **CONTRIBUTION** of \$_____

- Please send me more **INFORMATION**

Name/Names

Address

City, State, Zip

Telephone numbers _____ (day) _____ (evening)

Please make your checks payable to the LWV of Calumet Area.

Mail this application form and your check to:

League of Women Voters of the Calumet Area
c/o Mary Pettersen
7317 McCook Avenue
Hammond, IN 46323

Membership dues and contributions to the League of Women Voters are not tax deductible.