



# Join the League of Women Voters of Hamilton County

Yes, I want to join the League of Women Voters of Hamilton County.

I enclose: (please check 1 or more)

- \$ 45      **INDIVIDUAL** one-year membership
- \$ 65      **HOUSEHOLD** one-year membership  
(for two members who share an address)
- \$ 15      **INDIVIDUAL STUDENT** one-year membership
- 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 Hamilton County.  
Mail this application form and your check to:

League of Women Voters of Hamilton County  
P.O. Box 3598  
Carmel, IN 46082-3598

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