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2023-2024 MEMBERSHIP FORM - LEAGUE OF WOMEN VOTERS OF LIVINGSTON

Name(s) _____ Email _____

Home Tel. _____ Cell _____

Mailing Address _____

City _____ Zip _____

Membership Type:

Individual \$65

Family \$95

Student \$0

Donation

Total payable to LWV of Livingston \$ _____

I am interested in the following:

___Scholarship Committee

___Voter Services/Registration

___Program Planning (monthly)

___Membership