

Please print this page and fill out the Membership Information Form. Then mail it with your check to:

League of Women Voters of the San Antonio Area
106 Auditorium Circle
Suite 120
San Antonio, TX 78205-1349

MEMBERSHIP FORM

Name _____

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

Address _____

City _____ Zip Code _____

Phone (home) _____ Phone (work/day) _____

Cell phone _____ Email address _____

Amount enclosed \$ _____

\$70.00 one member. \$100.00 two members same household. Other available membership categories: \$30.00 Student Membership.

Dues are not tax deductible. Please write your check to: *League of Women Voters of the San Antonio Area*

Comments (e.g. interests, how you heard about the League)
