



League of Women Voters of Berrien and Cass Counties

P.O. Box 1032, Niles, MI 49120

www.lwvbcc.org

Membership Form

Name _____

If this will be a household membership, please provide name of other household member.

Address _____

City _____ Zip Code _____

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

Cell phone _____ Email address _____

Amount enclosed \$ _____

\$60.00 one member. \$95.00 two members same household. No fee for students: just submit completed form.

Please write your check to: *LWVBCC*. You may mail the check and this form to LWVBCC at P.O. Box 1032, Niles, MI 49120. If you prefer, you can pay via PayPal by going to our website: www.lwvbcc.org.

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

Please give us specifics about your interests (circle all that apply): Voter Services, Energy/Environment, Health & Social Services, Public Education, Budget/Finance, Membership, Nominating, Special Events & Programs, Other
