

YES, I want to join the League of Women Voters of Licking County!

Choose one of three options to join the League:

_____ Individual membership, \$60/year

_____ Family/Household, \$90/year

_____ Individual Student, \$5/year. I am a student at: _____

Individual Membership Name _____

Family Membership Names _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Telephone _____

E-mail address _____

Special Interests _____

Please make your checks payable to: LWV Licking County.

**Send to: League of Women Voters of Licking County
PO Box 617
Granville, Ohio 43023.**

Questions?

Contact Membership Chair: Marsha Crawford, marshalcrawford@gmail.com, 937-408-2356