

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

New member \_\_\_\_\_ Renewal \_\_\_\_\_

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 \_\_\_\_\_

Primary E-mail address \_\_\_\_\_

Additional 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](mailto:marshalcrawford@gmail.com), 937-408-2356**