

League of Women Voters of the Columbia Area  
P. O. Box 12541, Columbia, SC 29211

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**MEMBERSHIP FORM**

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Name \_\_\_\_\_

Name(s) of additional member(s) in household \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work/day) \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ (\$60.00 one member. \$100.00 two members same household)

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

Comments (e.g. interests, how you heard about the League, if you have questions and wish to be contacted)

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We are a 501(c)(4) organization. Circle preferred contact phone. We prefer to not send newsletters via snail mail.