



**LWV of Tallmadge**  
**Membership 2015-16**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City, State, Zip Code)

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

Please indicate Membership level and other preferences below. Please make checks payable to LWV of Tallmadge. Dues include State and National membership plus a subscription to our e-letter, *The Voter!*

- Individual membership - **\$50**
- Household membership - **\$75**
- Student (full-time) membership - **\$25**
- I want to give an additional contribution of \$ \_\_\_\_\_ to the LWVT Education Fund  
*(Your gift to the Education Fund may be tax deductible. Please make check payable to LWV Education Fund)*

**I wish to receive *The Voter*:**  
\_\_\_\_\_ by mail (hardcopy)  
\_\_\_\_\_ by e-mail

***We welcome your membership at whatever level you choose to participate!***

Please indicate your area(s) of interest below:

- |                                   |                         |
|-----------------------------------|-------------------------|
| _____ Agriculture                 | _____ Fund Development  |
| _____ Communications              | _____ Juvenile Justice  |
| _____ Education                   | _____ Membership        |
| _____ Elections and Redistricting | _____ Natural Resources |
| _____ Environment                 | _____ Observer Corp     |
| _____ Event Planning              | _____ Voter Services    |
| _____ Health and Social Justice   |                         |

**Please make checks payable to: The League of Women Voters of Tallmadge  
Mail to LWV of Tallmadge, P.O. Box 435, Tallmadge Ohio 44278**

[www.LWVTallmadge.org](http://www.LWVTallmadge.org)

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**FOR OFFICE USE ONLY:**

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_  
LWVT \_\_\_\_\_ LWVEF \_\_\_\_\_