

Name	
Email Address	
Street	
City	
State	
Zip	
Phone	

Membership

- Individual (\$45)
 Household (two or more) (\$67.50)
- Student (*free*)
 Additional Contribution: \$ _____

Please make your check payable to the **League of Women Voters**.

Mail this form and check to: League of Women Voters of Jefferson County
 P.O. Box 1393
 Shepherdstown, WV 25443

Please indicate issues that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Observer Corps (local government) |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Justice | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Legislative Watch | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other _____ | |