



## LWVO Membership Form

### Primary/Individual/Student Member Details:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Household 2nd Member Details *(only applies to household membership):*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Membership Status (select from the following):

I am a new member \_\_\_

I am renewing my membership \_\_\_

### Payment Type: Check

You can mail your check to:

League of Women Voters of Ohio  
471 East Broad Street, Suite 1630  
Columbus, OH  
43215

Please indicate 'membership' on the memo line.

\*Required