

LWVH Membership Application Form

Name _____

Name(s) of additional member(s) in household _____

Mailing Address _____

City _____ Zip Code _____

Phone (home) _____ Phone (work/day) _____

Cell phone (____) _____ Email address _____

Amount enclosed \$ _____ (please make checks payable to League of Women Voters of the Hamptons)

____ \$55.00 one member ____ \$85.00 two members same household

____ \$15.00 Full-time student ____ \$85.00 Supporting Member ____ \$ Donation

____ Education Membership* (Make this check payable to Education Foundation LWVNYS)

**Dues are not tax deductible except for amounts above dues level.*

We are a 501(c)(4) organization.

Comments (e.g. interests, how you heard about the League)

[Contact us](#) for more information.

League of Women Voters of the Hamptons
P.O. Box 2253
East Hampton NY 11937