

Membership Form

*=req
Full Name*
Full Name(s) (others in the same member household, if any)
Address* (full mailing address including city, state, zip)
Email*
(Primary Member)
(Additional Member)
(Additional Member)
Phone(s)*
(Primary Member) Home Work Cell
(Additional Member) Home Work Cell
(Additional Member) Home Work Cell
Comments or Questions (such as your interests, how you heard about the League)
Amount Enclosed*

\$60 Individual - \$90 Household - \$30 Student/Low Income

Thank You!

Please complete this membership form, print it, and mail with your check to:

League of Women Voters White Bear Lake Area 200 Wildwood Avenue Birchwood, Minnesota 55110