



THE LEAGUE  
OF WOMEN VOTERS®  
OF SCARSDALE  
Box 495, Scarsdale, NY 10583

## Membership Form

Name \_\_\_\_\_

Name(s) of additional member(s) in Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone: (work/day): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Amount enclosed \$ \_\_\_\_\_**

Please write your check to: *League of Women Voters of Scarsdale*

___ Individual	\$70
___ Household (2 members, same household)	\$100
___ Student	\$25

Other available membership categories:

___ Individual Supporter	\$100
___ Individual or Household Suffragist*	\$150
___ Individual or Household Friend of the League*	\$250

\*Checks for "Suffragist" and "Friend of the League" membership categories may be made payable either to the *LWV of Scarsdale* or to the *LWVNYS Education Foundation*. Contributions to the LWVNYS Education Foundation are deductible for Federal income tax purposes above the cost of dues. **Thank you for your support!**

Comments: (e.g., potential areas of interest in the League) \_\_\_\_\_

**Please send your check to:  
League of Women Voters of Scarsdale  
P.O. Box 495  
Scarsdale, NY 10583**