Please print out this form, fill in the information, and mail it with your check to the address at the bottom of the form.

CONTACT INFORMATION:

Santa Barbara CA 93101

Name				
Email	Phone #			
Address/State/Zip				
Please make chec of Santa Barbara	• •		League	of Women Voters
Membership optic	ns:			
□ \$80 Individual n □ \$120 Household		ership (Na	me of s	secondary member:
□ \$5 Student				
Note: The members	hip perio	d for each	category	y is July 1 st - June 30 th .
We would appreci donation to our Le	•			_
Donation amount:				
\$25\$35 _	\$50	\$75 \$	100	Other \$
MAIL THIS FORM	AND YO	UR CHECK	KTO:	
League of Women	Voters	of Santa E	3arbara	
328 E. Carrillo Str	eet, Suit	e A		