

# League of Women Voters of the Hamptons, Shelter Island and the North Shore

## Membership Form

Membership Type (Please Check one): Individual Member (\$60) \_\_\_

Household (\$90) \_\_\_

Full-time Student (No Charge) \_\_\_

First Name (Please Print) \_\_\_\_\_ Last Name \_\_\_\_\_

Additional Household Member's Name \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_ Cellphone \_\_\_\_\_ Email \_\_\_\_\_

Committee Interest: (Please check all in which you are interested)

Voter Services: \_\_\_ Government: \_\_\_ Youth: \_\_\_ Sustainability: \_\_\_ Health: \_\_\_ DEI: \_\_\_

Please submit your completed application and check payable to LWVH to:

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