

**League of Women Voters: Williamsburg Area
Paper Membership Application – also available online at
lwvwilliamsburg.org**

Name: _____

2nd Applicant (family membership): _____

Street: _____

City: _____ ZIP: _____

Phone: _____

Email: _____

Circle one: New Renewing Returning

Membership Options (please circle)

	Individual	Family
Student	\$10	NA
Basic	\$50	\$80

100% of the Individual and Family membership fee supports national and statewide League efforts. If you would like to support the Williamsburg League specifically, become a Contributing (additional \$25) or Leadership Circle (additional \$50) member.

Dues: \$ _____
Contributing (\$25) \$ _____
Leadership (\$50+) \$ _____
Total: \$ _____

LWV-WA
Attn: Membership, PO Box 1086 Williamsburg, VA 23187-1086