

LWVO Membership Form

Primary/Individual/Student Member Details:

First Name _____

Last Name _____

Mailing Address _____

City _____ State _____ Zip Code* _____

Email Address* _____

Phone Number* _____ (_____) _____

Household 2nd Member Details *(only applies to household membership)*:

First Name _____

Last Name _____

Mailing Address _____

City _____ State _____ Zip Code* _____

Email Address* _____

Phone Number* _____ (_____) _____

Membership Status (select from the following):

- I am a new member.
- I am renewing my membership.

Payment Type: Check

You can mail your check to:

League of Women Voters of Ohio, 100 East Broad Street, Suite 1310,
Columbus, OH 43215. Please indicate 'membership' on the memo line.