## Organizational Membership Form - Join/Renew Today!

Fill out the membership form below to become an organizational member of the League of Women Voters of Ohio.

Tiers (select from t	the following):			
\$500 Tier 1 Mem	nbership			
\$250 Tier 2 Mem				
\$100 Tier 3 Mem	nbership			
Membership Statu	s (select from t	he following):		
I am a new member				
I am renewing m	y membership			
Overviertien Detei	:I_			
Organization Detai				
Organization Name				
Mailing Address* _				
City*	State*	Zip Code*		
,				
Email Address*				
	,			
Phone Number* (_	)			
Primary Contact Pe	erson:			
First Name*				
Last Name*				
Email Address*				
Organizational Bala				
Organizational Role	=			

## **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.