

## APPLICATION FOR MEMBERSHIP

League of Women Voters of Buffalo/Niagara  
(716) 884-3550 - [lwvbn@lwvbn.org](mailto:lwvbn@lwvbn.org)

**Yes!** I want to add my voice to yours by joining the League of Women Voters to be a force for change.

*I enclose: please check one or more*

- \$65.00\* ONE-YEAR INDIVIDUAL membership
- \$100.00\* ONE-YEAR HOUSEHOLD membership  
(for two members who share an address)
- \$30.00 STUDENT membership
- I'm unable to join the league at this time but enclose a CONTRIBUTION of \$\_\_\_\_\_
- Please send more INFORMATION

*\*Scholarship fund available to supplement membership dues when necessary*

***Membership dues and contributions to the League of Women Voters are not deductible as a personal or business expense for tax purposes.***

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Name/Names

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Address

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City

State

Zip

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Telephone:

Day

Evening

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e-mail

Please make your checks payable to the League of Women Voters of Buffalo/Niagara and return with your application form to:

League of Women Voters of Buffalo/Niagara, Inc.  
1272 Delaware Avenue  
Buffalo, NY 14209