



MEMBERSHIP APPLICATION FOR RYE, RYE BROOK & PORT CHESTER

LEAGUE OF WOMEN VOTERS

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ EMAIL _____

Select Membership Level: *Make checks payable to Rye, Rye Brook & Port Chester LWV*

____ Individual \$67 ____ Family \$90 ____ Sponsor \$125* ____ Patron \$250*

The LWV is a 501 (C) 4 advocacy organization, membership dues are not tax deductible.

***Includes membership. Monies in excess of \$67 Individual and \$90 Family go to the LWV Educational Foundation, a 501 (C) 3 organization and are tax deductible**

**Return Application and check to
LWV RYE-RB-PC, PO Box 194, Rye, NY 10580**