League of Women Voters Cuyahoga Area

50 Public Square #938
Cleveland OH 44113

Membership Registration Form

Yes, I would like to join the League of Women Voters Cuyahoga Area**.**

Name:_____

Address:_____

Email Address:_____

Phone:_____
(home) **(work)**

I would like to affiliate with the following Local Chapter:_____

_____ **Check here if you would prefer being considered a member-at-large.**

_____ **$60 for Annual Individual Membership**

_____ **$90 for Annual Individual Membership**

Print, fill out, and mail it with your check to:

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