



# League of Women Voters of Tennessee Statewide Membership Form

**Add my voice—I'm joining the League!**

---

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Membership Status:  New  Renewing

### Membership category (check one):

\_\_\_\_\_ \$ 40 Individual Member

\_\_\_\_\_ \$ 20 Student (16-24 years old only)\*

### Additional contributions:

\_\_\_\_\_ Contributions, regardless of amount, are appreciated and help LWVTN.

*Mail this form with your check to:*

**League of Women Voters of Tennessee  
PO Box 158369  
Nashville, TN 37215**