

## **MEMBERSHIP APPLICATION**

Name							
Street Address							
City				State	Zi <sub>l</sub>	р	
Phone				Alt. Phone			
Email							
National	\$30						
State	<sup>\$</sup> 25						
Local	<u>\$20</u>						
Total	<sup>\$</sup> 75						
Make checks p	ayable to <b>Ch</b>	illicothe-I	Ross LWV	and send	to:		
Liz Gibbons-Ca 202 Caldwell S Chillicothe, OF	St.						
☐ Pay full amo	ount of \$75	□ Make 3	3 payment	s of \$25	□ Stude	ent: only	<sup>‡</sup> 5!
How do you p	refer to be co	ontacted?	□ Email	□ Phone	□ Text	□ Mail	