

**Please print out this form, fill in the information, and mail it with your check (if required) to the address at the bottom of this form.**

**CONTACT INFORMATION:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address/State/Zip \_\_\_\_\_

***Please make checks payable to the League of Women Voters of Santa Barbara (or LWVSB).***

Membership options:

- ☐ \$80 Individual member  
☐ \$120 Household membership (Name of secondary member:)

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☐ \$0 Student (No check needed)

We would appreciate it if you would also consider making a donation to our League to help Make Democracy Work!

Donation amount:

\_\_\_\_\$25 \_\_\_\_\$35 \_\_\_\_\$50 \_\_\_\_\$75 \$\_\_\_\_100 Other \$\_\_\_\_\_

**MAIL THIS FORM AND YOUR CHECK TO:**

League of Women Voters of Santa Barbara

328 E. Carrillo Street, Suite A

Santa Barbara CA 93101