



**LEAGUE OF WOMEN VOTERS®  
OF THE PIEDMONT TRIAD**

**Sponsor a Membership**

Date \_\_\_\_\_

**Annual Membership July – June**

\_\_\_\_ New

\_\_\_\_ Renewal

\_\_\_\_ \$58 regular membership

\_\_\_\_ \$29 student membership

Name of Sponsored Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

*Dues are not tax deductible.* Please write your check to: The League of Women Voters of the Piedmont Triad.

Name of Sponsor \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Comments?**

\_\_\_\_\_

Print and complete this form, and mail it to: The League of Women Voters of the Piedmont Triad, PO Box 9721, Greensboro, NC 27429.