



**LEAGUE OF WOMEN VOTERS®
OF OKLAHOMA**

Membership Application / Renewal Form

Please fill in this form and send it with your check made payable to LWVOK. The mailing address is:

Sherre James, LWVOK Treasurer
League of Women Voters of Oklahoma
500 N. Broadway, Suite 125
Oklahoma City, OK 73102

Member Information

Name of member _____

2nd household member _____

Address _____

Home Phone _____ Work Phone (optional) _____

E-mail _____

Membership Dues

Annual Membership Dues (**not** tax deductible) Amount: \$ _____

\$40.00 - Regular membership dues, first household member

\$20.00 - Regular membership dues, second household member

Sub-total: \$ _____

Member Contribution

LWVOK General Funds (**not** tax deductible) Amount: \$ _____

LWVOK Education Funds (tax deductible) Amount: \$ _____

Sub-total: \$ _____

Total Enclosed: \$ _____

Thank you for your membership application / renewal. If you have any questions concerning the membership, please contact the LWVOK office at 405-232-8683.