



**The League of Women  
Voters of Hingham**

**MEMBERSHIP FORM**

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Name \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name (of additional member in household joining) \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

\$60.00 one member. \$75.00 two members same household.

Please write your check and mail to:

*League of Women Voters of Hingham; 338 Main Street, Hingham, MA 02043*

Comments (e.g. interests, how you heard about the League)

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We look forward to meeting you!

*\* Dues are not tax deductible*