



Dues Remittance for Fiscal Year Ending June 30, 2019

Local or State League Name:

President Name, Email, & Phone:

Treasurer's Name & Email:

Natural Resources Chair Name & Email:

League Mailing Address:

Would your local league be interested in an educational program about our work? Please circle:

YES NO

Number of members in your League as of January 31, 2018 _____

PLEASE MAIL this form with a check payable to LWVLMR to:

League of Women Voters Lake Michigan Region
332 S Michigan Ave, Suite 634
Chicago, IL 60604-4422

2018 – 19 Dues \$ 25.00

Additional Donation _____

TOTAL Enclosed \$_____