

BRANCH MEMBERSHIP APPLICATION

Join one of nearly 1,000 AAUW branches across the country to connect with local members and participate in meetings and community activities.

CONTACT US (For branch use. Fill in or affix label.)

Branch name/state _____

Contact name _____ Phone/e-mail _____

Contact 800.326.2289, e-mail connect@aauw.org, or visit www.aauw.org/resource/branch-locator to find a branch near you.

PERSONAL INFORMATION

Female Male

Name _____

Address _____ City/state/zip _____

Home phone _____ Work phone _____ E-mail _____

College/university _____ State ____ Highest degree earned _____

Year _____ Major _____ Date of birth _____

Ethnicity: Hispanic (Y or N) White American Indian/Alaska Native Black/African American

Native Hawaiian/Pacific Islander Asian Other

Occasionally AAUW's membership list is made available to carefully screened companies or organizations. Check here if you do not want your name included.

ELIGIBILITY

I am a graduate holding an associate or equivalent (RN), baccalaureate, or higher degree from a qualified educational institution.

Signature _____

Date _____

MEMBER RECRUITER

Name _____ City/state _____

Branch name (if applicable) _____

Regular membership

AAUW national individual membership dues are \$49; \$46 is tax deductible as a charitable contribution, and \$3 is not because it supports the AAUW Action Fund's 501(c)(4) Lobby Corps and get-out-the-vote activities.

National dues are \$49 + state \$ _____ + branch \$ _____ =
total \$ _____.

Graduate students

Graduate students enrolled in a qualified educational institution can join AAUW for \$18.81 + state \$ _____ + branch \$ _____ =
total \$ _____.

Undergraduate students

Undergraduate students enrolled in a two- or four-year qualified educational institution can join as branch student affiliates. The fee is \$17 + state \$ _____ + branch \$ _____ = **total \$ _____.**

The AAUW branch membership year extends from July 1 through June 30.

MAKE CHECK PAYABLE TO

(Fill in or affix label.)

National membership application on reverse

RETURN TO (Branch mailing address)

Name _____

Address _____

City/state/zip _____