



Check Number \_\_\_\_\_

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Birthday (day and month) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Degree(s) and College(s)/Year(s) Graduated

\_\_\_\_\_  
\_\_\_\_\_

Member Recruiter (if applicable) \_\_\_\_\_

### Eligibility:

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

Signature \_\_\_\_\_

Please make your check payable to AAUW .

### Your 2019 - 2020 dues are \$105:

National..... \$59

(\$56 is tax deductible)

State ..... \$20

Humboldt Branch..... \$26

Mail your check and this application to:

**AAUW Humboldt**

**PO Box 5116**

**Eureka, CA 95502**

OR bring it to a monthly meeting