



MEMBERSHIP APPLICATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birthday (Day and Month): _____

Member Recruiter (if applicable): _____

Eligibility:

Education:

<u>College</u>	<u>Degree and Major</u>	<u>Year Graduated</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature: _____

Your dues are \$118:

National: \$ 72
 State: 20
 Branch: 26
 TOTAL: \$118

Please make your check payable to AAUW.

Mail your \$118 check and your application to:

AAUW Humboldt

PO Box 5116

Eureka, CA 95502



OR bring them to a monthly branch meeting.