



MEMBERSHIP APPLICATION

Name: _____

Home Address: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

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

Member Recruiter (if applicable): _____

Previous Member of AAUW? (Y / N) Y N

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 \$130:

National: \$ 74
State: 30
Branch: 26
TOTAL: \$130

Please make your check payable to AAUW.

Mail your \$130 check and your application to:

AAUW Humboldt

PO Box 5116

Eureka, CA 95502



OR bring them to a monthly branch meeting.