



AAUW Membership Application for _____ Branch, AAUW of Virginia

Application Date: _____ **Birth date (day & month)** _____

Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell phone:** _____

Email address: _____

COLLEGE/UNIVERSITY EDUCATION

For each degree, please list Institution, State, and Degree Earned

Member Signature: _____

PAYMENT INFORMATION: Please consult the Membership Chair of the Branch for the total amount

Annual dues of \$ _____ include membership in AAUW national organization, \$15 AAUW of Virginia, and \$ _____ dues to _____ Branch.

AAUW national dues are \$49.00, of which \$46.00 is tax deductible by the individual member; \$3.00 of that national dues payment is not tax deductible because it will be used to support the AAUW Action Fund's Section 501(c)(4) activities (Lobby Corps and election-related activities).

Please make check payable to: _____ **Branch.** Payment may be mailed to:
Name _____ Finance Officer _____ Branch
Address _____ City/State/Zip _____

Thank you for your support of AAUW! We look forward to your participation in AAUW.

PLEASE RETAIN A COPY FOR YOUR RECORDS