



MEMBERSHIP FORM					
Last Name		First Name		M. I.	DATE
Local Street Address		City		State	Zip code
Alternate Street Address		City		State	Zip code
Email					
Home Phone		Office Phone		Mobile Phone	
Educational Background <i>If you have not completed an associate or college degree, you may join AAUW as a friend. Circle if applicable: Friend</i>					
College		Degree		Major	Year
College		Degree		Major	Year
College		Degree		Major	Year
College		Degree		Major	Year
Business / Professional Background (current / past / retired):					
Referred by:					
Family background you wish to share:					
How did you hear about AAUW?					
Have you ever been a member of AAUW before? If so, when and where?					
Prior AAUW activity (Positions held, committee or interest group service)				National Membership ID#:	
Interest Group You May Wish to Join or Start: Please circle					
	<i>Dining Couples</i>	<i>Foreign Affairs</i>	<i>PACE Interest Group</i>		
<i>Booklovers</i>	<i>Dining In</i>	<i>Foreign Films</i>	<i>Theatre</i>		
<i>Cooking Globally</i>	<i>Dining Out Evening</i>	<i>Lunching Out</i>	<i>Sole Sisters (Walking)</i>		
<i>Current Issues</i>	<i>Exploring Central Florida</i>	<i>Mah Jongg</i>	<i>New Group: _____</i>		
<i>Budget</i>	<i>Membership Event</i>	<i>Public Relations</i>			
<i>Fundraising</i>	<i>Programs</i>	<i>Scholarship Committee</i>	<i>New Committee: _____</i>		
Please send check for \$85 to AAUW/Orlando WP or if you joining at our monthly meeting it's \$55					
Mail your check and this form to Phyllis Hall, 481 Forest Court, Altamonte Springs 32714					
For office use only: Date Received: _____ Membership Year : _____ Amount: _____ Check #: _____					