



**MEMBERSHIP FORM**

<b>Last Name</b>	<b>First Name</b>	<b>M. I.</b>	<b>DATE</b>
<b>Local Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Alternate Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Email</b>			
<b>Home Phone</b>	<b>Office Phone</b>	<b>Mobile Phone</b>	

**Educational Background**      *If you have not completed an associate or college degree, you may join AAUW as a friend. Circle if applicable: Friend*

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**

*Foreign Affairs*      *PACE Interest Group*  
*Booklovers*  
*Bookloves Lite*      *Dining In*  
*Cooking Globally*      *Dining Out Evening*      *Lunching Out*  
*Couples Dinng Party*      *Exploring Central Florida*      *Mah Jongg*      *New Group: \_\_\_\_\_*

*Budget*      *Membership Event*      *Public Relations*  
*Fundraising*      *Programs*      *Scholarship Committee*      *New Committee: \_\_\_\_\_*

Yearly dues are **\$98** (\$72 National, \$14 chapter, \$12 state )

Mail your check and this form to AAUW P.O. Box 884, Winter Park 32790

**For office use only: Date Received: \_\_\_\_\_ Membership Year : \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_**