



MEMBERSHIP FORM

Last Name		First Name		M. I.
Local Street Address		City		State
Alternate Street Address		City		State
Email				
Home Phone		Office Phone		Mobile Phone

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

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
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Interest Group You May Wish to Join or Start: Please circle

Foreign Affairs	PACE Interest Group	
Booklovers		
Bookloves Lite		
Cooking Globally	Lunching Out	
Exploring Central Florida	Mah Jongg	New Group: _____

Budget	Membership Event	Public Relations
Fundraising	Programs	Scholarship Committee

New Committee: _____

Yearly dues are **\$100** (\$74 National, \$14 chapter, \$12 state)

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

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

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