



MEMBERSHIP APPLICATION

Last Name	First Name	M.I.	Date
Local Street Address	City	State	Zip
Alternate Street Address	City	State	Zip
Email	2nd Email	Mobile (cell) phone(s)	
Home Phone	Office Phone		

Educational Background	If you have not completed an associate or college degree, you may join AAUW as a friend.	Check if applicable	☐
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(s) you may wish to join: Please circle.			
Booklovers	Dining In	Foreign/Classic Movies	PACE Interest Group
Booklovers Lite	Exploring Central FL	Lunching Out	
Cooking Globally	Foreign Affairs	Mahjonn	

Are there any groups you would like to start?	Would you like to be involved in the following? (Please circle.)		
Bridge	Theater	Budget	Public Relations
Canasta	? _____	Fundraising	Scholarship Committee
Couples Dining	? _____	Membership Event	_____
Dining Out at night	? _____	Newsletter	_____

Yearly Dues are \$100 (\$74 National; \$14 Branch; \$12 State)

Mail your Check (to AAUW-Orlando/Winter Park) to
AAUW, P.O. Box 884
Winter Park 32790