

AAUW AFFILIATE BRANCH MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name _____ Gender _____
Address _____ City/State/Zip _____
Home/Cell phone _____ Work phone _____
Email _____
College/University _____ State _____ Highest degree earned _____
Graduation date ___/___/___ Major _____ Date of Birth (Mo/Yr) ___ / ___
Race/ethnicity Hispanic White Black/African American Asian Other
American-Indian/Alaska-Native Native-Hawaiian/Pacific-Islander

ELIGIBILITY

I am a graduate holding an associate or equivalent (R.N., bachelor's or higher degree from an qualified educational institution)

Signature _____

Date _____

MEMBER RECRUITER

Name _____ City/State _____

Affiliate Name [AAUW Lake Wales Branch, Inc.](#)

Regular membership dues:

National \$59.00
State 12.00
Branch 14.00
Total **\$85.00**

MAKE CHECK PAYABLE TO
AAUW Lake Wales Branch, Inc.

RETURN TO
P O Box 1264
Lake Wales FL 33859-1264

CONTACT US

Linda Brown, VP Membership, 231-420-0991, lindabrown306@hotmail.com