

MEMBERSHIP APPLICATION

Date _____

Please indicate:

New Member or Renewal

Mrs. Miss Ms. Mr. Dr.

Name _____

Mailing Address _____

Residence Address _____

City _____ Zip _____

Phone _____

Email _____

(Monthly newsletter will be sent email unless you tell us otherwise.)

Spouse Name _____

College/University _____

State _____ Year _____

Degree(s) _____

Major(s) _____

Birthday (mo/day) _____

Interest groups (circle):

Book Club

Cork & Fork

Computer

Drawing & Painting

Gardening

Lunch Bunch

Supper Club

Walking

Tell us a little about yourself:

- I'm joining AAUW because _____
- List passions, interests skills _____
- Are you interested in mentoring a scholarship recipient? _____
- Do you want to participate on our Board? _____
- What type position would interest you? _____
- I'm not sure, but ask me: _____
- I am joining as a (check one):

BRANCH MEMBER \$81.00 / YR

(Association, \$49.00/Yr, State \$16.00, Branch \$16.00) or

\$40.50 /half year (January through May)

STUDENT AFFILIATE \$17.00 / YR

Mail check and application to:

AAUW Amador Branch

P.O. Box 611

Sutter Creek, CA 95685

AAUW dues are not deductible as charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expenses.

2010-2011