



MEMBERSHIP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Mobile phone: _____ Other: _____

Email: _____

Include the following information for your highest degree

College/University: _____ State: _____

Degree Earned: _____ Degree Field _____

Date conferred or expected _____ (*Add other degrees on reverse*)

Annual membership dues: \$105.00* (National \$72, State \$12, Branch \$21)

Note: \$69 of the National dues is tax deductible

*If you are a current member of an AAUW branch in another state, the fee is \$33.

What is the other AAUW branch? _____ Honorary | Lifetime membership (50+ years) dues: \$21. Paid Lifetime membership dues: \$33.

Please make check payable to: AAUW Sarasota and

mail completed application and check to:

AAUW Sarasota

PO Box 3554

Sarasota, FL 34230-3554

Questions? Contact: Ellen Roche (ellen.roche.AAUW@gmail.com or 301 237-3641)