

American Association of University Women

Branch Application Form

Please Type or Print
Name _____

Address _____

City _____, Il Zip Code _____

Home Phone _____ Work Phone _____ Cell phone _____

E-Mail Address _____ Birth Date (Month and date) _____ (optional)

College/Universities attended

Degrees earned

Major Field of Study

Professional Title(s): _____

Please check to volunteer to assist with these committees or branch activities

<input type="checkbox"/> Study Groups: <input type="checkbox"/> Books by Night <input type="checkbox"/> Movie group <input type="checkbox"/> AWARE <input type="checkbox"/> COMMITTEES; <input type="checkbox"/> Program planning	<input type="checkbox"/> Membership <input type="checkbox"/> Auditing <input type="checkbox"/> Calling <input type="checkbox"/> Social <input type="checkbox"/> E-Mail <input type="checkbox"/> Newsletter	<input type="checkbox"/> Public Policy <input type="checkbox"/> Public Relations <input type="checkbox"/> International ACTIVITIES: <input type="checkbox"/> Reality Store <input type="checkbox"/> EF fundraiser	<input type="checkbox"/> ----LAF fundraisers <input type="checkbox"/> Book sale & <input type="checkbox"/> Chili Supper <input type="checkbox"/> Other _____
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Skills you can share _____

Interest Groups you like to see started _____

For lapsed Memberships

Previous AAUW Membership Branch Name _____ Year's _____

I prefer to receive newsletters and reminders of monthly meetings by (Please select one):

E-Mail Mail Telephone

Dues:	National	\$47	Total \$76 (for fiscal year which is July1- June 30)
	State	\$10	
	Branch	\$19	
			Make checks payable to AAUW

Return to : **Patti Kenton**
755 Thompson Ave **or** **Betty Wine**
North Aurora, Il 60542 **5N770 Arboretum Ln**
St. Charles, Il 60175

AAUW dues are not deductible as a charitable contribution for federal tax purposes but they may be deductible as an ordinary business expense. Please consult with your tax advisor for details.