

AAUW Membership Application

(Fiscal Year July – June)

Please submit this application and \$90 payable to:

AAUW Anacortes Branch
PO Box 503
Anacortes, WA 98221

Name _____

Mailing address _____

Street Address _____

Spouse/partner (optional) _____

Cell phone _____ Home phone _____

Email address _____

Birthday (month/day) _____

Name of College(s) or University

Degree(s) _____

Comments:

******For Branch Use******

Check # _____ Cash _____ Date paid _____