

Membership Application for AAUW York, PA Branch

Name _____

Address _____

Street

City

Zip

Phone (home) _____ (office/cell) _____

Email _____

Name of recruiting member, if applicable _____

Membership type: New _____ Renewal _____ Student Affiliate _____ Transfer from branch: _____

Your Degree _____ Institution College, University – location, and year awarded _____

Wish to join Groups or Projects:

Book Groups Supper Club Game Night Bridge Lunch-A-Month

Femmes du Jour Spring Market Faire (Kitchen Tour) Write-Read-Write

Education Get Out the Vote

Program topics of interest:

Local history Women's history Politics International events/Foreign policy

Other: _____

Dues: Local: \$11.00 + State: \$10.00 + National: \$59.00 TOTAL \$80.00 (Tax Deductible Portion is \$56.00) Please send this membership application with a check for **\$80.00** made payable to "York Branch AAUW" to:

Flo Kachurak
2933 Exeter Dr., S.
York, Pa 17403