Membership Application for AAUW York Branch

Name:		
Address:		
Phone: (home)	(cell)	
Email address:		
Membership Type:		
New: Student	t Affiliate:Transfer of branch:	
If it is a transfer, wha	t branch?	
Your degrees: Includ	le the institution, its location, and year awarded	
	nes Group Bridge Write-Read-Write Schol- clusion College/University Partnerships Get Ou	
Program topics of int	terest:	
	Vomen's history Politics International event	s/Foreign policy
Dues: National:	\$74	
State:	\$12 (Life members pay only state and branch dues: \$21)	
Branch:	<u>\$11</u>	
	\$97 UW National dues are fully tax deductible. However, only Branch AAUW is necessary.	y one check of \$97
Make checks payable	e to: York Branch AAUW.	
Send checks to:	Carol Little 2570 Grandview Park Dr. York, PA 17408	8/2025