



**AAUW Branch Membership Application**

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

College/University: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Major(s): \_\_\_\_\_

Additional College/University/Degree/Year/Major: \_\_\_\_\_

Previous AAUW Membership:  Yes  No Branch: \_\_\_\_\_

Name used if different than above: \_\_\_\_\_

Dates of Previous Membership: \_\_\_\_\_

Student Affiliate Applicants Only: College Attending \_\_\_\_\_ Years Completed: \_\_\_\_\_

Your \$80 dues payment includes membership in Branch, State, and National AAUW organizations. Mail checks made out to "Seaside (OR) Branch of AAUW" to PO Box 693, Seaside, OR 97138.

Questions? Contact Pat Rowland, Membership Vice President at [aauwseaside@gmail.com](mailto:aauwseaside@gmail.com).