



**AAUW Seaside Branch Membership Application**  
**Please Print**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
If Different, Street Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
College/University \_\_\_\_\_ Campus Location \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Year Graduated \_\_\_\_\_  
Major(s) \_\_\_\_\_  
Additional College/University/Degrees/Major/Year \_\_\_\_\_

Previous AAUW Membership? Yes \_\_\_ No \_\_\_ Branch Name \_\_\_\_\_  
Name Used if Different Than Above \_\_\_\_\_  
Dates of Previous Membership \_\_\_\_\_  
Student Affiliate Applicants Only: College Attending \_\_\_\_\_ Years Completed \_\_\_\_\_

Dues

Your **\$90 dues** payment includes membership in the Branch, State and National AAUW organizations. Please make your check payable to "Seaside Branch of AAUW". Mail both your check and completed application to:

Seaside, OR AAUW  
PO Box 693  
Seaside, OR 97138

Privacy Matters

Please indicate whether you agree to have your name, address, phone numbers and email address published in the Seaside Branch directory. The directory is distributed annually hard copy to all branch members.

Yes, I agree. \_\_\_\_\_ No, I do not agree. \_\_\_\_\_

Please indicate whether upon joining you agree to have your name, email address and a brief biography published in the Seaside Branch monthly newsletter. The newsletter is distributed electronically to all branch members.

Yes, I agree. \_\_\_\_\_ No, I do not agree. \_\_\_\_\_

**Any Questions?** Please contact Pat Rowland at [aauwpat111@gmail.com](mailto:aauwpat111@gmail.com)