



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 \$103 dues payment includes membership in the Branch, State and National AAUW organizations. Please make your check payable to "Seaside Branch of AAUW". Mail both the 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 which is distributed as a hard copy annually 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 which is distributed electronically to all branch members.

Yes, I agree _____ No, I do not agree _____

Any Questions? Please contact Jeanette Felix at: J.felix2@me.com