



AAUW Seaside Branch Membership Application

Please Print

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ ZIP _____

If Different Street Address _____ City _____ State _____ ZIP _____

Email _____ Mobile Phone _____ Other _____

College/University _____ Campus Location _____

Major(s) _____

Degree(s) _____ Date Awarded (mm/dd/year) _____

Post Graduate Study _____

Student Affiliate Applicant Only: Current College _____ Years Completed _____

Previous AAUW Membership? Yes _____ No _____ Branch Name _____

Dates of Previous Membership _____

Dues:

Your \$105 payment includes membership in the Branch, State and National AAUW organizations. Make your check payable to "Seaside Branch of AAUW". Mail both check and completed application to:

AAUW Seaside Branch
PO Box 693
Seaside, OR 97138

Privacy Matters:

Do you agree to have your contact information published in the annual Seaside Branch directory that is distributed to members and on the members-only webpage?

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

Do you agree to have your name, email address and a brief biography published in the Seaside Branch monthly newsletter that is distributed electronically to all Branch members?

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

Signature _____ Date _____

For more information: www.seaside-or.aauw.net