



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](http://www.seaside-or.aauw.net)