



**YES! I want to join AAUW's powerful network!**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Birthday Month: \_\_\_\_\_

E-Mail: \_\_\_\_\_

University or College: \_\_\_\_\_

\_\_\_\_\_

Degree(s): \_\_\_\_\_

Interests: Professional/Personal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2021-2022 Membership Rates:**

**Regular Branch Member**

**DUES: National     \$62.00**

**State                     \$20.00**

**Local                    \$15.00**

**Total                    \$97.00**

**Please send dues check to:**

**AAUW-Ukiah**

**PO Box 1626**

**Ukiah, CA 95482**