



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

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

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

\_\_\_\_\_

Have you previously been a member of AAUW? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Birthday Month: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Current Career \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

2022-2023 Membership Rates:

|                       |                 |
|-----------------------|-----------------|
| Regular Branch Member |                 |
| DUES: National        | \$67.00         |
| State                 | \$20.00         |
| Local                 | <u>\$15.00</u>  |
| <b>Total</b>          | <b>\$102.00</b> |

Please send dues check to:

AAUW-Ukiah  
PO Box 1626  
Ukiah, CA 95482