



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): _____ Year _____

Interests: Professional/Personal: _____

2024-2025 Membership Rates:

Regular Branch Member	
DUES: National	\$72.00
State	\$20.00
Local	<u>\$15.00</u>
Total	\$107.00

Please send dues check to:

AAUW-Ukiah
PO Box 1626
Ukiah, CA 95482