



# Membership Application

AAUW- St. Cloud Branch 6032

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*AAUW is open to those with a two-year degree or higher from an accredited institution.*

Degree(s) Earned	Institution	Area of Study	Year
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**Tell us about yourself. (I have these skills, talents, hobbies, volunteer interests that I am to share with AAUW, e.g., travel, web development, fundraising, leadership development, reading, collector, history buff, etc.):**


**National, State, and Branch Membership dues** for 2016-2017 total \$77.00, \$46.00 of which is tax deductible. **Student E-Affiliate** dues (enrolled at partnership colleges) are **FREE**. Please write your check to: **AAUW St. Cloud Area Branch 6032**. Credit card payment is also accepted at the monthly meetings. If you have any questions please contact the V.P. of Membership Linda Macleod at: 320-281-3155, lmariemac@yahoo.com

First time you've joined AAUW? \_\_\_\_\_ (if no, what years were you a member?) \_\_\_\_\_

**Return your completed form to:**  
**Linda MacLeod, 3 Highbanks Place, St. Cloud MN 56301 or**  
**AAUW PO Box 7694, St. Cloud MN 56302**