



Membership Application

AAUW- St. Cloud Branch 6032

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work/Title: _____ Phone: _____

AAUW membership is open to those with a two-year degree or higher from an accredited institution. Please list the most current or highest degree earned first.

Degree(s) Earned Year	Institution	Area of Study
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Tell us about the skills, talents, or interests that you're willing to share with AAUW, e.g., website mgmt., computer skills, fundraising, board or committee positions, book club, arts group, social activities, community service, social media, public relations, membership, activism.

Annual National, State, and Branch Membership dues total \$95.00 (\$56.00 is tax deductible). **Student E-Affiliation** dues (enrolled at partnership colleges, SCSU & CSB) are **FREE**. If new members join at an AAUW event, they receive a 50% discount on national dues bringing the total to \$65.50 for the first year only. Please write your check to: **AAUW St. Cloud Area Branch**. A credit card payment is also accepted at the monthly programs. If you have any questions please contact the V.P. of Membership, Linda MacLeod: 320-281-3155 or lmariemac@yahoo.com

Is this the first time you've joined AAUW _____ if no, what years were you a member _____? **Please return your completed form to: Linda MacLeod
3 Highbanks Place, St. Cloud MN 56301**