



AFFILIATE STUDENT MEMBERSHIP APPLICATION

(Please print and fill out completely)

Date: _____ Birthdate: _____

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Mobile phone: _____

Email: _____

Membership is open to any fulltime student attending a College or University with an AAUW institutional membership for the entirety of their degree program. Affiliate student members receive free national, state, and branch dues. After graduation there is a Gift-A-Grad opportunity for free national dues for one year. Please inform the Branch VP Membership if interested.

Degree: _____

Major/Minor/Area of Study: _____

Anticipated Year of Graduation: _____

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, art's group, social activities, community service, social media, public relations, membership, activism.

If you have any questions please contact, Linda MacLeod, Branch President: 320-281-3155 (landline), 320-266-4690 (mobile) or lmariemac1949@gmail.com. Branch website: stcloud-mn.aauw.net or aauw.org for the national organization.