

Membership Application

AAUW- Saint Cloud Area Branch

(Please Print)			
Date:	Birthdate:		
Name:			
Address:			
City:	State:	Zip Code:	
Mobile:	Work Phone:		
Home phone:	Email:		
Employer:	Title:	Retired	
	ghest degree earned, first.	ar degree or higher from an accredi	ited institution. Please list
Degree(s) Earned	Institution	Area of Study	Mo/Year
fundraising, board or	committee positions, book club bership, programs, audit or acc	re willing to share with AAUW, e.g., o, art's group, social activities, commonutions, legal.	-

The Saint Cloud Area (MN) Branch is one of the most progressive, enterprising and exciting organizations working for the education and equality of women and girls in Central Minnesota. We offer thought-provoking programs and communications, professional networking and friendships, the opportunity to be part of a national, state, and local organization with a long history of community service and activism.

Annual National, State, and Branch Membership dues total about **\$100.00**. If new members join at an AAUW event, they receive a 50% discount on national dues for their first year. Please fill out and print the form, write your check to: **AAUW St. Cloud** and mail to: Linda MacLeod, 3 Highbanks Place, St. Cloud, MN 56301 or call with any questions, 320-281-3155 (home), 320-266-4690 (mobile) or lmariemac1949@gmail.com.