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| **AAUW: GLOUCESTER COUNTY BRANCH** |  |

# *Membership Application*

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Major: |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please submit your completed application to the Vice-President of Membership. Make your check payable to *AAUW Gloucester County*****and give to the Treasurer.**

**Please note: You must also join AAUW National. Please go to https://www.aauw.org to sign up.**

**National Membership Dues:**$72/annual  
**Lifetime Membership Dues:** $1,440/one-time payment