



AAUW Membership Application for Woodbridge Branch, AAUW of Virginia
PERSONNEL INFORMATION

Full Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Email address: _____
Date of birth : _____
College/University: _____ State _____
Highest degree earned _____ Date of degree _____
Major _____

ELIGIBILITY

I am a graduate holding an associate or equivalent (RN), baccalaureate or higher degree from a regionally accredited institution as stated above.

Signature: _____ Date _____

PAYMENT INFORMATION -- Annual dues of \$ 86 include membership in AAUW national organization, \$15 AAUW of Virginia, and \$ 12 dues to Woodbridge Branch.

AAUW national dues are \$59.00, of which \$56.00 is tax deductible by the individual member; \$3.00 of that national dues payment is not tax deductible because it will be used to support the AAUW Action Fund's Section 501(c)(4) activities (Lobby Corps and election-related activities).

Please make check payable to: AAUW -Woodbridge Branch. Payment may be mailed to:

Name: Karen Wolf
Address: 13104 Rock Ridge Ln

Finance Officer: Woodbridge Branch
City/State/Zip: Woodbridge, VA 22191

Thank you for your support of AAUW! We look forward to your participation in AAUW.
PLEASE RETAIN A COPY FOR YOUR RECORDS