



# AAUW – St. Cloud Area Branch

## Membership Application

(Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name, First Name Middle Name)

Address: \_\_\_\_\_  
(Address, P.O. Box Number) (Apt No.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Work Title: \_\_\_\_\_

AAUW is open to those with a singular two-year degree or higher from an accredited institution.

<u>Degree(s) Earned</u>	<u>Institution</u>	<u>Area of Study</u>	<u>Year</u>

**Tell us about yourself. (I have these skills, talents, hobbies, volunteer interests that I am willing to share with AAUW, e.g., travel, web development, fundraising, leadership development, reading, collector..., history buff, etc.):**

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*Regular Membership Dues for 2011-2012 are \$77.00.* Please write your check to: **AAUW St. Cloud Area Branch.** If you are interested in the other categories of membership, such as student and life, or if you have other questions, please contact the V.P. for Membership at P.O. Box 7694.

First time you've joined AAUW? Yes No (If no, what years were you a member?) \_\_\_\_\_

Mail to: **V.P. for Membership, AAUW St. Cloud Area Branch, PO Box 7694, St. Cloud, MN 56302**

*We look forward to having you joining us!*