

AAUW HARRISONBURG (VA) BRANCH MEMBERSHIP APPLICATION

(Please Print)

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Date of Birth (month/day/year): _____

College/University: _____ Campus Location: _____

Degree(s): _____ Year(s) Graduated: _____

Major(s): _____

Additional College/University/Degree/Year/Major: _____

Previous AAUW Membership: ____ Yes ____ No Branch? _____

Name used if different than above: _____

Dates of previous membership: _____

Student Affiliate Applicants Only: College/University Attending: _____ Years Completed: _____

Dues are \$73 (\$49 National (\$46 is tax deductible), \$15 State, \$9 Branch). Make check payable to AAUW Harrisonburg (VA) Branch. Mail your check and application form to: Dr. Laura Zarrugh, 656 Wyndham Woods Circle, Harrisonburg, VA 22801-4651. Please contact Laura with questions or concerns at 540-433-0266 or zarrughlh@gmail.com