

# AAUW HARRISONBURG (VA) BRANCH MEMBERSHIP APPLICATION

(Please Print) First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Date of Birth (month/day/year): \_\_\_\_\_

College/University: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Major(s): \_\_\_\_\_ Year(s) Graduated: \_\_\_\_\_

Other College/University/Degree/Year/Major:

\_\_\_\_\_  
\_\_\_\_\_

Previous AAUW Membership: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Branch/s \_\_\_\_\_

Name used if different from above \_\_\_\_\_

Date(s) of previous membership: \_\_\_\_\_

Student Affiliate Applicants Only: College/University  
Attending: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Dues now total \$83 annually (\$59 for National, \$15 for State and \$9 for our local Branch). Please make your checks payable to "AAUW Harrisonburg".

Mail your check and membership application to:

Sue Gier, PO Box 34, Singers Glen, VA 22850.

Sue can be reached at 540-271-0656 or sue@suegier.net