



2017-18 MEMBERSHIP APPLICATION
AAUW MADISON BRANCH

Name _____

Address _____

Home Telephone () _____ Cell Telephone () _____ (Optional)

Home E-Mail _____ Business E-Mail _____ (Optional)

Education:

Table with 4 columns: School, Year, Degree, Major. Includes three rows of blank lines for data entry.

Interests _____

Interest Groups (Please Check)

- Bridge German Conversation* Evening Reading*
Daytime Reading Evening Gourmet* Raising Strong Daughters*
Mixed Media* Crafts Lunch Bunch
STEM* Mahjongg

Other (Indicate type of group you would like formed)* * Groups will be formed if enough requests are received.

Dues: \$75.00 (Dues Breakdown: \$16 local, \$10 state, \$49 national)

Please make check payable AAUW Madison Branch, and return with this form to: Mary Anne Walldorf, Membership – P.O. Box 935 Madison, NJ 07940

http://aauwmadisonnj.org/ e-mail: aauwmadisonnj@gail.com