

MEMBERSHIP APPLICATION 2012-2013

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

E-MAIL _____

EDUCATION:

College/University Date of Degree	State	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member who brought you _____

MEMBERSHIP/DUES CATEGORIES (please circle amount)

Windward Branch membership total: \$75/year (July 1 through June 30)

Membership includes National dues: \$49 (\$46 is tax deductible), \$10 State dues, \$16 Branch dues

Dual membership in another branch: \$10

Interest Group membership: \$75

For questions contact Sue Schneiderman at 262-8383 (kbaynurse@hawaiiantel.net)
Make check out to AAUW Windward Branch and mail to Sue Schneiderman
90 Kailuana Place, Kailua, 96734

Treasurer's Record:

Application Date: _____ Amount: _____

Category: _____