

MEMBERSHIP APPLICATION - 2025-2026

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

E-MAIL _____

EDUCATION:

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

Member who brought you _____

MEMBERSHIP/DUES CATEGORIES (please circle amount)

Regular Windward Branch membership total: \$ 100 / year (July 1, 2025 through June 30, 2026)

Membership includes National dues: \$ 74 (\$ 74 is tax deductible), \$ 10 State dues (for 2025-2026),
\$ 16 Branch dues

Dual membership in another branch: \$ 16

Interest Group membership: \$ 100

For questions and mailing address to send membership application and check (Make check out to "Windward O'ahu AAUW"), contact Sue at kbaynurse808@gmail.com

Treasurer's Record:

Application Date: _____ Amount: _____

Category: _____