



*Making a Difference for Over 100
Years*

APPLICATION FOR MEMBERSHIP

The following information should be given exactly as you wish it to appear in the yearbook:

NAME _____
First Middle Last

ADDRESS _____
Street or PO Box Apt. No.

PHONE (H) _____ (C) _____

E-MAIL _____

BIRTHDAY _____ **OCCUPATION** _____

EDUCATION _____

List degree(s) earned and field of study, college or university, year degree awarded.

ASSOCIATES _____

BACHELOR _____

MASTERS _____

DOCTORATE _____

I certify that the above information is correct.

SIGNATURE _____

Complete this form and return with your check payable to AAUW-Tampa Branch

Address Check to:	Dues
Tampa AAUW P.O. Box 172715 Tampa, Florida 33672	\$59.00-Association \$12.00 -State <u>\$13.00- Branch</u> <u>\$ 84.00- Total</u> Annual Membership extends from July 1- June 30