



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 (MM/DD) _____ 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.

Two Methods of Payment:	Dues
1) Make check payable to AAUW Tampa, Inc. and mail the form and check to: AAUW Tampa, Inc., P.O. Box 172715, Tampa, FL 33672 OR 2) Use online mobile banking to send dues via Zelle to AAUWTampaFinance@gmail.com. Mail this form to the PO Box above and check the box <input type="checkbox"/> I have paid via Zelle.	\$62.00-Association \$12.00-State <u>\$13.00-Branch</u> <u>\$ 87.00-Total</u> Annual Membership extends from July 1- June 30