

Continuing Member Renewal Form Medford Branch of AAUW

Fiscal Year	July 1.	2019-June	30.	2020

Date		

Chk #_____

Mail Membership Form and check to:
AAUW Medford, Attn.: Monica Weyhe,
PO Box 1204, Medford, OR 97501
Phone 541-326-8042, e-mail monicaw655@gmail.com

	Annual Dues				
Name Tag \$ 9.00 Donation to AAUW Funds (voluntary) no separate check necessary (which fund? Total Payment Please make checks payable to AAUW Please Print: Name (last) (first) Today's Date Check here if there are no changes to your contact information. If changes, enter below: Address (Street, City, State, ZIP) Home Phone Mobile Phone *E-mail Address *Email is our default communication tool. We will email your newsletter, unless you can no longer use email. Please	Continuing member (Association \$59/State \$16/Branch \$15)Life member	\$31.00	charitable contribution for federal income tax		
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