

Welcome to the Medford Branch of AAUW New Member Application Form

Date____

Fiscal Year July 1, 2023-June 30, 2024

Mail Membership Form and check to:
AAUW Medford, Attn.: Carol Julian
PO Box 1204, Medford, OR 97501
Phone 541-510-5574, e-mail <u>cfjulian@aol.com</u>

	al Mandillana	ail vour AAU	W newsletter, unless you can	not use email. Please
College / University	State	Major	Degree(s)	Grad year
College / University	State	Major	Degree(s)	Grad year(s)
Home Phone	Mobile Phone		*E-mail Address	
Address (Street, City State, ZIP)				Birthday
Please Print: Name (last)		(first)		Today's Da
Total Payment		PLEASE	MAKE CHECK PAYABLE T	O AAUW
Nametag (optional one-time fee	\$10.00		deductible.	
Future Program) (National \$36 / State \$16 / Branch \$1	\$67.00** 5)		**If you join using the "Sha Program," (at an AAUW e deductible.	=
(National \$72 / State \$16 / Branch \$15	5)		purposes.	
New Member	\$103.00*		*\$69 of National Dues is to charitable contribution for	