

Continuing Member Renewal Form Medford Branch of AAUW Fiscal Year 2025

Chk #_____

Date____

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

Total Payment	/We cannot acc	Please make checks payable to a cept cash – checks only, please)	AAUW
Donation to 'Helping Hands Fund voluntary**	, 		
Donation to AAUW Funds (National) voluntary No separate check neces (Designate fund:			
Student (National 18.81/State \$0/Branch \$0) Name Tag (optional)	\$18.81 \$12.00		
Continuing member total* (National \$72 / State \$16 / Branch \$ Life Member Dual Member	15) \$31.00 \$15.00	*\$72 of AAUW national dues (10 deductible as a charitable contril income tax purposes.	,

____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

Newsletters are e-mailed (unless otherwise arranged.)

PLEASE SHARE YOUR BIRTHDATE TO INCLUDE IN OUR DIRECTORY:

Signed_____

If you need assistance with your dues, please contact Carol Julian, <u>cfjulian@aol.com</u>. (All requests are confidential.)

**'Helping Hands' is funded by your donations to support other members. This fund can

contribute up to 100% of National dues, if requested. For further information contact Carol Julian, Finance V-P, at <u>cfjulian@aol.com</u>. Rev. 05/10/2024