



Continuing Member Renewal Form Medford Branch of AAUW

Chk # _____

Date _____

Fiscal Year 2026

Annual Dues:

Continuing member total **\$105.00**
(National \$74 / State \$16 / Branch \$15)
 Life Member \$31.00
 Dual Member \$15.00
 Student \$18.81
(National 18.81/State \$0/Branch \$0)

*\$74 of AAUW national dues (100%) is tax deductible as a charitable contribution for federal income tax purposes.

Donation to AAUW Funds
(National) -- voluntary _____

Total Payment \$ _____

Please make check payable to AAUW. Checks only -- we cannot accept cash
Mail check and form to AAUW Medford Branch, PO Box 1204, Medford OR 97501

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

Newsletters are e-mailed (unless otherwise arranged.)

Signed _____

If you need assistance with your dues, we have a fund that can contribute up to 100% of National dues. Contact Marilyn Stein, Finance VP, at steinmj53@gmail.com for further information.