

## **AAUW Traverse City Area Branch Membership Application**

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Name:		Cell phone:					
Address:  City/State/ZIP:  Home phone:		Email address:  Full Membership  Student Affiliate					
				Work phone:		Occupation:	
				College/university attended	Location	Degree	Field of Study
I'm in interested in participating in the following Branch activities:  Branch Meetings Lunch & Bridge Book Sale Lunch at Lobdell's Suggestions for other Branch activities:  Thursday Evening Book Night Readers Poetry		COMMITTEES  Holiday party Program (meeting/events) Public Policy Communications Fundraising Community Outreach Hospitality Other:					
How did you learn about the AA Previous membership in AAUW	_		mue on hack if necessary).				
Trevious membership in AAO w	. Dianen name, foc	ation, dates (comm	nue on ouch if necessary).				
Dues (includes publications)	1						
<b>Regular Dues:</b> TC Branch, Michigan State, and AAUW Association (National), July 1–June 30			\$90 (\$70 tax-deductible)				
Contact Finance Officer regarding student affiliate: 574-276-8923.	• .	•	nembership, life membership,				

Send this form with your check (payable to AAUW-TC Branch) to: Betsy Moore, AAUW-TC, P.O. Box 1142, Traverse City, MI 49685

AAUW-Traverse City Area Branch, Inc. is a 501(c)(3) Public Charity Organization.

Date received: \_\_\_\_+