

**American Association Of University Women—Tacoma Branch
New Member Application/Membership Renewal**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day: _____ Evening: _____

E-Mail Address: _____

Newsletter Delivery (Please Circle Your Preference): E-mail USPS Mail

Birthday: Month: _____ Day: _____

College(s)/University(ies): _____

Degree(s): _____

If a current member recruited you, who? _____

Please Check the Appropriate Membership Category:

_____ Renewal (or New) Membership: \$75 (National \$49 + State \$8 + Branch \$18)

_____ Life Member: \$26 (\$8 State + Branch \$18)

_____ Honorary Life Member (50-years members): \$18 (Branch only and optional)

_____ Dual Member: \$18 (Branch Only). Please List Primary Branch _____

_____ Student Affiliate Member: \$25

Amount Enclosed for Dues: \$ _____

MAKE CHECKS PAYABLE TO TACOMA AAUW

**Additional Optional Donations (Tax Deductible)
PLEASE WRITE SEPARATE CHECK FOR EACH.**

Donation to Educational Foundation (AAUW-EF #4275) \$ _____

Donation to Legal Advocacy Fund (AAUW-LAF) \$ _____

Donation to AAUW Community Fund (GTCF-AAUW) \$ _____

Total Amount Enclosed \$ _____

RETURN THIS FORM AND YOUR CHECK(S) PROMPTLY.

**MAIL TO: AAUW TACOMA
ATTN: TREASURER
P.O. BOX 65303
TACOMA, WA 98464-1303**

THANK YOU