Membership Form July 1, 2018 – June 30, 2019 American Association of University Women - Half Moon Bay Branch

DUES: \$110 (National: \$59.00, State: \$20.00, Branch: \$31.00) Mail to AAUW-HMB, P.O. Box 1414, El Granada, CA 94018 Check payable to AAUW - HMB

Name:	Date of Birth	Address
(street):	N	Mailing Address:
City/State/Zip:		Telephone:
(H)(W)		
(Cell) Email:		May we
list your contact information in the branch directory? Y	es No	
College/University	State	Degree
Major	Year graduated A	dditional
degrees/school/year		
Spouse/significant other		Employment: Full
time Part time Ret	iredOccupation	on(s)
	How d	lid you learn about AAUW?
	If a member referred you,	who was it?
	Do you need transportation to events? Yes	
No In addition to joining specific interest group meet other members. Please check the areas that interest needed.		
Membership Programs Local Scholarship volunteer Sunshine Fundraising organization. Dues are tax deductible under 26 US Code § Cresson sic@csc-research.com or Peggy Rozhon prozl \$87 is tax deductible due to our IRS 501 © (3) tax exempt	AAUW is approved as an IRS 3501(c)(3); Branch taxpayer ID # 94-303	tax exempt charitable