

Membership Form 2024-2025 Membership year runs from July 1, 2024 to June 30, 2025

Membership Dues:		\$
_	er \$91 (Note: \$72 of dues are tax deductible National, \$9 to State, and \$10 to the Local Bra \$10	-
Grant (Optional): *Can be used to subsidize regular an	nual membership dues. Enter \$10, \$20, or \$30, as	\$ needed. (Subtract)
Additional Donation: Branch	Scholarship Fund (EOF)	\$
		TOTAL \$
Send your check payable to AAUW	to:	
	Please list your check number: Check # To pay electronically (for an additional fee), phone at 218-724-2824 or by email at nch Membership Form: July 1, 2024 to Ju	kmoen002@gmail.com
Name (Required):		
**New members, please fill out all i	nformation below. Current members, only pro	vide any necessary changes
Address:		
City:	State	Zip
Contact Information: (Please includ	e the area code for your phone number.)	
Phone: (home) (ce	II) Email Address:	
Degree Institution	<u>Major</u>	Minor Date
		<u> </u>

Empowering diverse women through friendship, education, and advocacy.