

**American Association of University Women (AAUW)
The Atlantic County NJ Branch
Application for Membership**

(Please print or type)

Name _____

Address _____

City / Zip _____

Phone (Home) _____ (Work) _____

E-mail _____ (Cell) _____

Eligibility

I am a graduate with an associate or equivalent (RN), baccalaureate, or higher degree from a regionally accredited institution as stated below.

Signature _____ Date _____

College / University _____ State _____

Degree _____ Year _____

Advanced Degrees, Name of School, State

Dues

2013-2014. National Dues \$49 + State Dues \$10 + Local Branch Dues \$10 = **Total \$69**

Please complete this form and mail it with your check (payable to **AAUW**) for \$69.00 to the Membership Co-VP:

Lynne Walters
100 S. Berkley Square Unit 4E
Atlantic City, NJ 08401