



Atlantic County New Jersey Branch  
Application for Membership 2024-2025

Name: \_\_\_\_\_

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Address: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Do not share in local member directory: Home  Cell  Work  Email

Eligibility: A graduate with an associate or equivalent, RN, baccalaureate, or higher degree from an accredited institution as listed below

College/University \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Advanced Degrees, Name of School, State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My special interests or talents

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual Dues breakdown is \$72 to national, \$10 each for state & county branch dues.

- o Atlantic County Branch Membership Dues: \$92
- o Optional Dual membership with Cape May Branch + \$10

Please mail this form to our Membership VP	Please mail your check (payable to AAUW) to our Treasurer
Shelly Meyers 12 Woodstock Drive Linwood, NJ 08221 Or email to: SFMECLLC@gmail.com	Linda Karp 236 Cambridge Ave. Linwood, NJ 08221