



Atlantic County New Jersey Branch
Application for Membership 2025-2026

Name:

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 \$74 to national, \$10 each for state & county branch dues.

o Atlantic County Branch Membership Dues: \$94

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