

MEMBERSHIP APPLICATION

LA CROSSE-WI BRANCH AAUW



PERSONAL INFORMATION

Name: _____

Address: _____

City/state/zip: _____

Home phone: _____ Cell phone: _____

e-mail: _____

Date of birth: _____

College/University _____

State: _____

Highest degree earned: _____ Year: _____

Major: _____

ELIGIBILITY

I am a graduate holding an associate equivalent or higher degree from a qualified educational institution.

Signature _____ Date: _____

REGULAR MEMBERSHIP DUES:

National \$72.00 + State \$13.00 + Branch \$8.00 = \$93.00 Dues Payment

Please make check payable to: La Crosse Branch AAUW.

Return to: Barbara Fischer
AAUW La Crosse-WI Branch Membership VP
408 22 Street North, La Crosse, WI 54601
fischerba@live.com
Thank you!