MEMBERSHIP APPLICATION
LA CROSSE-WI BRANCH AAUW

STUDENT - Free Membership

PERSONAL INFORMATION

Name: _____

e-mail: _____

Address: _____

City/state/zip: _____

Home phone: _____

Cell phone: _____

Date of birth: _____

College/University _____

State: _____

Major: _____

Expected Graduation Date: _____

Signature _____ Date: _____

Return to: Barbara Fischer

AAUW La Crosse-WI Branch Membership VP

408 22 Street North, La Crosse, WI 54601

fischerba@live.com

Thank you!