

MEMBERSHIP FORM

Ferguson-Florissant AAUW

Eligibility. An individual holding an associate (or equivalent, e.g., RN), bachelor's, or higher degree from a higher education institution accredited by a regional accrediting agency recognized by the U.S. Department of Education (an "Accredited Higher Education Institution") or other qualified educational institution located outside of the United States, as determined by the Board of Directors, shall be eligible to receive admission to AAUW membership; such membership shall be granted upon payment of AAUW dues.

Student Associates. The Board of Directors may permit undergraduate students enrolled in Accredited Higher Education Institutions or in other qualified educational institutions located outside of the United States, as determined by the Board of Directors, to associate with AAUW, with fees (if any) and benefits as determined by the Board of Directors.

Name _____

Street Address _____

City _____

Zip _____

Email Address _____

Best Telephone _____

Birthday: Month _____ Day _____ (for birthday wishes; year is not requested)

Colleges or Universities	State	Degree	Date	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Date _____

Membership Dues

Branch	\$10
State	\$10
National*	\$72
TOTAL	\$92

Please make your check payable to *Ferguson-Florissant AAUW*
and mail this form and your payment to:
Joyce Wolf, 1484 Kew Gardens, Florissant MO 63031-1545

If you have any questions, please contact our Branch officers below:

Patty Murray 314-838-7887 pattymurrayaauw@gmail.com
Joyce Wolf 314-839-3888 j.wolf14@att.net

Thank you for joining AAUW, and Welcome!

www.aauw.org