



AAUW Carlisle (PA) Branch  
MEMBERSHIP FORM

Name: \_\_\_\_\_ Spouse/Partner Name: (optional) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Joining or Renewing membership of Carlisle Branch

- New Member       Renewing Member       Life Member       Honorary Member
- Changing from Member-at-Large
- Transferring from Another Branch      Name/location of branch: \_\_\_\_\_
- Dual Member      Name/location of primary branch: \_\_\_\_\_

Education (Complete if new to Carlisle Branch or update/correct Branch Yearbook information)

*I am a graduate holding an associate, baccalaureate, higher degree, or equivalent (RN) from a nationally accredited institution.*

Degree, Year, Major, College/University, State (Please list all.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Dues (July 1 - June 30)

Regular Member	<b>\$72</b>	(\$49 National (\$46 tax deductible) + \$10 State + \$13 Branch)
Paid Life member	<b>\$23</b>	(state and branch dues)
Dual Member PA Branch	<b>\$13</b>	(branch dues)
Out of state Dual Member	<b>\$23</b>	(state and branch dues)
Honorary Member	<b>\$13</b>	(branch dues)

*Any over payment of the dues will be deemed to be donations to the Carlisle Branch operating funds.*

**Mail form and dues (payable to AAUW Carlisle Branch) to:**  
Finance Officer  
AAUW - Carlisle Branch  
P.O. Box 815  
Carlisle, PA 17013

Signature: \_\_\_\_\_

Date: \_\_\_\_\_