



# AAUW Carlisle (PA) Branch

March 15, 2022 - June 30, 2023

## 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 section only if new to AAUW Carlisle Branch or updating/correcting Branch Yearbook information)

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

(Please list all.):

Degree	Major	College/University	Month/Year

### Annual Dues (July 1 - June 30)

<b>Regular Member</b>	<b>\$97</b>	(\$67 National (\$64 tax deductible) + \$10 State + \$20 Branch)
Paid Life member	<b>\$30</b>	(state and branch dues)
Dual Member PA Branch	<b>\$20</b>	(branch dues)
Out of state Dual Member	<b>\$30</b>	(state and branch dues)
Honorary Member	<b>\$20</b>	(branch dues)

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

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

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

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