



**AAUW Carlisle (PA) Branch**  
 FY25 starting April 1, 2024  
**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 (FY25)**

<b>Regular Member</b>	<b>\$104</b>	(\$72 National (\$69 tax deductible) + \$12 State + \$20 Branch)
Paid Life member	<b>\$32</b>	(state and branch dues)
Dual Member PA Branch	<b>\$20</b>	(branch dues)
Out of state Dual Member	<b>\$32</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.*

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

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

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