



AAUW Carlisle (PA) Branch

FY26 starting April 1, 2025

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 (FY24)

Regular Member	\$106	(\$74 National (tax deductible) + \$12 State + \$20 Branch)
Paid Life member	\$32	(state and branch dues)
Dual Member PA Branch	\$20	(branch dues)
Out of state Dual Member	\$32	(state and branch dues)
Honorary Member	\$20	(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