



AAUW Brevard Branch Membership Application

PERSONAL INFO	RMATION				
Name:					
Address:					
City/State/Zip:					
Home Phone:		9:			
E-mail:					_
College/Univ	ersity	State	Major	Degree earned	Year
How did you	hear about	us?			
•	•	an associate or e lited institution as		baccalaureate, or hi	gher degree
Signature				Date	
REGULAR MEM	BERSHIP/RE	ENEWAL (G OOD FOR	12 монтнз):		
	cepted in c	e dues \$11 + Branc ash, check or credi	•	ard payments will inclu	de a processing
Cash or Chec	ck: \$97	Credit Card: \$99	9.91 A	amount Received: \$_	
MAKE CHECK	K PAYABLE	TO: AAUW Brevar	d Branch		
Return to:	РО Во	rer, AAUW Brevard B x 2316 d, NC 28712	ranch		

QUESTIONS? CONTACT CHRIS McKowen or DIANA COHEN, VPs of Membership, Brevard Branch BrevardAAUW.membership@gmail.com Voicemail/Text: (478) 550-8575