

AAUW Membership Application for Roanoke Valley Branch

Application Date: _____ Birth date (day & month) _____

Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email address: _____

COLLEGE/UNIVERSITY EDUCATION

For each degree, please list Institution, State, and Degree Earned

Member Signature: _____

PAYMENT INFORMATION:

Annual dues of **\$75.00** include membership in AAUW national organization, **\$15.00** AAUW of Virginia, and **\$11.00** dues to Roanoke Valley Branch.

Included in the amount above are AAUW national dues of **\$49.00**, of which **\$46.00** is tax deductible by the individual member; **\$3.00** of that national dues payment is not tax deductible because it will be used to support the AAUW Action Fund's Section 501(c)(4) activities (Lobby Corps and election-related activities).

Please make check payable to: **Roanoke Valley Branch AAUW.**

Payment may be mailed to

Roanoke Valley Branch AAUW
Finance Officer
PO Box 20636
Roanoke, VA 24018

Thank you for your support of AAUW! We look forward to your participation.

PLEASE RETAIN A COPY FOR YOUR RECORDS