



AMERICAN
ASSOCIATION OF
UNIVERSITY WOMEN

AUSTIN BRANCH MEMBERSHIP FORM

◇ Mrs. ◇ Miss ◇ Ms. ◇ Mr. ◇ Dr.

Name _____

Address _____

City/State/Zip _____

Phone (H) () (W) _____ () _____

E-mail _____

College/University _____ State _____

Year _____ Degree _____

Name of Member Recruiter _____

DUES:

AAUW members pay dues of **\$75** annually:

National	\$49
State	\$10
Branch	\$16

Please send a copy of this complete form with a check to:

**AAUW Austin Branch
P.O. Box 27223
Austin, Texas 78755-2233**

For information concerning Austin Branch projects and activities, please contact:

**Carol Fritz
Membership VP
AAUW Austin Branch
(512)837-6835**