



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 \_\_\_\_\_

Interests \_\_\_\_\_

### 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:

**Judy Reinhart  
Membership VP  
AAUW Austin Branch  
(512) 345-5936**