

Renewal 2024-25

(Deadline June 30, 2024)

Please complete and submit the entire form (even if you are an honorary life member) and return with your dues. This is necessary to ensure that you are listed accurately with National, in the directory and on newsletter mailings.

**Make your check payable to Merced AAUW and mail to:**

**Dee Near, 1004 Half Dome Court, Merced, CA 95340**

Please note: Failure to renew will exclude you from section participation in 2024-25 year

**MEMBER INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last Name First Name Middle Initial**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City ZIP**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your contact information listed in the AAUW Directory?

**YES \_\_\_\_ NO \_\_\_\_**

Please note corrections below.

\_\_\_\_\_\_My contact information is not in the Directory. Please include as listed.

**MEMBERSHIP CATEGORIES**

**\_\_\_\_\_Regular Branch Member $105**

 **(Assoc. $72 ($69 is tax deductible)**

 **State $20, Branch $13**

 **\_\_\_\_\_\_ Honorary Life Member $0**

**\_\_\_\_\_ Association Life member $33**

**(Assoc. $0, State $20, Branch $13)**

**Late Fee $2 (after July 1)**

**Donations to AAUW Merced Branch (voluntary)**

**Scholarship $\_\_\_\_\_\_\_\_\_\_\_\_ Science Camp $ \_\_\_\_\_\_\_\_\_\_\_ Other (Please specify) \_\_\_\_\_\_\_\_\_\_**

**TOTAL Included $ \_\_\_\_\_\_\_\_\_\_\_ Check number \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**