

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 N			
		Please note corre			
	My contact	information is not in t	he Directory.	Please include as listed.	
		MEMBERSHIP (CATEGORIES		
	egular Branch Member \$ (Assoc. \$72 (\$69 State \$20, Bran Honorary Life Member \$0 Association Life member (Assoc. \$0, State \$20, Bra) is tax deductible) ch \$13) · \$33			
	Late Fee \$2 (after July 1)			
Donatio	ons to AAUW Merced Bran	nch (voluntary)			
	Scholarship \$	Science Camp \$	·	Other (Please specify)	
TOTAL	Included \$		Check number	Date	