



New Membership 2024-25

Make your check payable to Merced AAUW and mail to: Dee Near, 1004 Half Dome Court, Merced, CA 095340

MEMBER INFORMATION

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City ZIP

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

MEMBERSHIP CATEGORIES

Regular Branch Member \$105 Donations to Merced Branch (voluntary) Scholarship \$ _____
Science camp \$ _____ Other (please specify) \$ _____
(Assoc. \$ 72 (\$69 is tax deductible) State \$20 Local \$13

TOTAL AMOUNT \$ _____

Check number _____ Date _____

Degree: _____ College Attended: _____

Degree Field _____ Grad. Year: _____

Degree: _____ College Attended: _____

Degree Field _____ Grad. Year: _____

Degree: _____ College Attended: _____

Degree Field _____ Grad. Year: _____ .

AAUW National Bylaws: Eligibility. An individual holding an associate (or equivalent, e.g., RN), bachelor's, or higher degree from a higher education institution accredited by a regional accrediting agency recognized by the U.S. Department of Education (an "Accredited Higher Education Institution") or other qualified educational institution located outside of the United States, as determined by the Board of Directors, shall be eligible to receive admission to AAUW membership; such membership shall be granted upon payment of AAUW dues.

