

# **AAUW MARCO ISLAND BRANCH** **MEMBERSHIP & FRIEND APPLICATION**

(PLEASE PRINT)

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ CONDO/APT: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ LOCAL TELEPHONE: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTH MONTH \_\_\_\_\_ DAY \_\_\_\_\_

## **ANNUAL DUES ARE:**

\_\_\_\_\_ Marco Island - \$100.00 (includes National & State/Florida).

\_\_\_\_\_ Dual - \$26.00\* (Primary Branch \_\_\_\_\_, AAUW # \_\_\_\_\_ )

\_\_\_\_\_ Life - \$26.00\* (Primary Branch \_\_\_\_\_, AAUW # \_\_\_\_\_ )

\_\_\_\_\_ Branch Friend - \$20.00 (no Associate of Arts or equivalent, or higher degree)

\*If your primary branch is in Florida, pay only Marco Island Branch dues of \$14.00.

## **EDUCATION INFORMATION:**

**Undergraduate Degree:** \_\_\_\_\_ Major/Concentration \_\_\_\_\_

School \_\_\_\_\_ Graduation Date (mm/dd/yyyy) \_\_\_\_\_

**Graduate Degree:** \_\_\_\_\_ Major/Concentration \_\_\_\_\_

School \_\_\_\_\_ Graduation Date (mm/dd/yyyy) \_\_\_\_\_

**Post Graduate Degree:** \_\_\_\_\_ Major/Concentration \_\_\_\_\_

School \_\_\_\_\_ Graduation Date (mm/dd/yyyy) \_\_\_\_\_

\*\*\*\*\*

**Release:** AAUW - Marco Island Branch may use my name and photograph in branch publications and on its Website, <https://marcoisland-fl.aauw.net>.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NAME BADGE:** The cost of an AAUW name badge is \$14.00 and can be added to the amount of your dues. We will order it for you. Please print your name below as you wish it to appear on the badge:

\_\_\_\_\_

**Mail this Membership Application Form with your check payable to AAUW-MARCO ISLAND to:**

AAUW-MARCO ISLAND

P.O. BOX 841

MARCO ISLAND, FL 34146