

AAUW Bridgeport Area Branch Membership Application

Name _____
Street _____
City _____ State _____ Zip _____
Home Phone _____ Office Phone _____
Fax _____ Email _____
University/degree year _____
Member Name who recruited you if applicable _____

*Fee schedule

_____ Regular member.....\$68.00

_____ Dual (prime membership in another branch).....\$14.00

_____ Association Life (paid life).....\$19.00

_____ Honorary Life (member after 50 years).....\$0.00

_____ Education Opportunity Fund Donation

_____ Legal Advocacy Fund Donation

_____ Total

*The above fees represent National (\$49), State (\$5.00) Local (\$14.00) dues. \$46 of the National dues are now tax deductible

Please make check payable to AAUW Bridgeport Area Branch

Mail to:

AAUW Membership Treasurer,
Sylvia Dahl, 55 Lola St, Fairfield, CT 06825