



**Greensboro Branch
New Member Application 2016-2017**

Date of Application: _____

Name: (please print) _____

Address: _____

Home Phone: _____

E-mail: (please print) _____

Degree: _____ Major: _____ College: _____ Year: _____

Profession: _____

Work Status: Retired Full-time Part-time

Spouse/SO First Name (Optional) _____

Birthday MM/DD (Optional) _____

Personal Interests/Hobbies: _____

I prefer to be contacted by e-mail. I prefer to be contacted by phone.

Referred by: _____

**Combined Association Dues for 2016-2017 : \$73.00 [\$46 of dues
is tax deductible]**

AAUW National\$49.00 AAUW NC.....\$11.00
Greensboro Branch.....\$13.00

**Please mail Application and check for \$73.00 payable to
AAUW to:
STEPHANIE GHOTBI-TAHERI, TREASURER
PO BOX 10745
Greensboro, NC 27404.**

Official Use only: Date received: _____ Check: _____