

## Greensboro Branch New Member Application 2018-2019

Date of Application:			
Name: (please print)			
Address:			
Home Phone:			
E-mail: (please pri	nt)		
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: \$83.00 [\$56 of dues is tax deductible]			
AAUW National\$59.00 AAUW NC\$11.00 Greensboro Branch\$13.00			
Please mail Application and check for \$83.00 payable to AAUW to: MILLIE HOFFLER-FOUSHEE TREASURER PO BOX 10745			
Greensboro, NC 27404.  Official Use only: Date received:Check:			
Official Use only: D	ate received:	Check:	