DATE_____

Del Mar Leucadia Branch Membership Record Card

_____ _____
Last Name First Name Spouse/Partner

_____ _____
Home phone Mobile phone E-mail

_____ _____
Address City Zip Date of Birth

Have you ever been an AAUW member? _____ Branch_____

College/University, City, State	Degree(s), Grad. Date	Major

Signature _____ Member Recruiter _____

Membership fees are $102

Make check payable to: AAUW Del Mar-Leucadia

Mail to: Karen Dorney; 1278 Santa Luisa Drive; Solana Beach, CA 92075