

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 \$105**

**Make check Payable to: AAUW Del Mar-Leucadia**

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