

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 \$110**

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

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