

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 \$115

Make check payable to: AAUW Del Mar-Leucadia

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