

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: Rebecca Hill; 5091 Cliff Place; San Diego, CA 92116