

DATE _____



Del Mar-Leucadia Branch Membership Form

Last Name First Name Spouse/Partner

Home phone Mobile phone E-mail

Address City Zip Birth Mo/Day

Have you ever been an AAUW member? _____ Branch _____

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

Signature _____ Member Recruiter _____

Membership dues are \$115

Make check payable to: AAUW Del Mar-Leucadia

Mail to: Membership Director, AAUW Del Mar-Leucadia, PO BOX 543, Solana Beach CA 92075