

APPLICATION FORM

*** Please print, then complete this form ***

Application for Membership in AAUW, Bethlehem Branch

Name: (last, first, maiden)

Husband's Name _____

Address:

City/State/9-digit ZIP:

Phone: (H) _____

(W) _____

E-mail: _____

College/University: _____

State: _____

Degree: _____

Year: _____

() Occasionally AAUW's membership list is made available to carefully screened companies and organizations. Check here if you do not want your name included on the list.

Dues 2010-2011

\$75.00

Please make check payable to "Bethlehem Branch, AAUW"

Send application form and dues to:

Myra Jones

2229 Main Street

Bethlehem PA 18017-3700