



AAUW SHORELINE CT MEMBERSHIP APPLICATION

(MEMBERSHIP YEAR: JULY 2020-JUNE 2021)

Name			
Address			
	Zip Code		
Phone (Home) (C	Cell)	(Work	x)
Email:			
College/University:			
College/University:	C	Degree	_ Year
College/University:	C)egree	_ Year
I would like to be involved in: _ Membership _ Program Planning	_ Hospitality	_Communicat	ions/Website
I would like information regardin _ Bridge Groups _ Book Groups _ Interr	•	ntly active inte	rest groups:
I would be interested in these add _ Movie Group _ An Evening Out/Local			cy _ Dinner Group _ Lunch Group

I would be interested in an interest group on another topic/activity:

Dues for 2020-2021 (July 1, 2020 to June 30, 2021): \$85.00 (\$59 for National AAUW of which \$56 is tax deductible, plus \$10 for Connecticut AAUW plus \$16 for our branch).

(I am already a member of ______branch and have remitted my Nat'l, State, and Branch dues to them for 2019-2020. Therefore, I am sending \$15 for my joint membership with Shoreline CT Branch).

Make checks payable to: **AAUW Shoreline Branch** Send check with this completed form to:

Rita Holmberg 28 Bridle Path Lane Madison CT 06443

> For any questions please contact: Vicki Littell <u>vicki@shorelinehomesct.com</u> Rita Holmberg <u>rit26holm@yahoo.com</u>