

**AAUW Plymouth-Canton Branch Membership Application
2022-23**

Date _____

Name: _____

Address: _____

City State Zip: _____

Phone (Preferred) _____ (Second) _____

E-mail Address: _____

College/University: _____

Degree(s)/Year(s): _____

Place of Employment: _____

Title/Job Description: _____

Please check any activities in which you are interested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Annual Children's Play | <input type="checkbox"/> Communications | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Educational Foundation | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Initiative of Ed. Equity | <input type="checkbox"/> Theater/Entertainment | <input type="checkbox"/> Book Group |

I was recruited for AAUW membership by: _____

If you have any questions, please contact Susan Sayers at 734-730-2655 (call or text) or suesayers357@gmail.com

Payment (Branch, State and National Dues) \$89.00
Make checks payable to Plymouth-Canton AAUW

Return this form with your check to:
Susan Sayers
357 N. Evergreen St.
Plymouth MI 48170-1128