

**AAUW Plymouth-Canton Branch Membership Application  
2023-24**

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](mailto:suesayers357@gmail.com)

Payment (Branch, State and National Dues) \$94.00  
Make checks payable to Plymouth-Canton AAUW

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