

AAUW Plymouth-Canton Branch Membership Application 2024-2025

Date _____

Name: _____

Address: _____

City State Zip: _____

Phone (Preferred) _____ (Second) _____

E-mail Address: _____

College/University: _____

Degree(s)/Year(s): _____

Place of Employment: _____

Title/Job Description: _____

The information above will be published in our branch directory, available to only branch members. If you would like to add a photo (mug shot type), it would be most welcome. Let me know and we'll figure out how to get it to me for printing.

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) \$97.00
Make checks payable to Plymouth-Canton AAUW

Return this form with your check to:

Susan Sayers
357 N. Evergreen St.
Plymouth MI 48170-1128