



Yes, I would like to join or renew my membership with the American Association of University Women of Washington. Enclosed is a check made payable to AAUW of Washington for \$8.00.

I understand that dues for AAUW of Washington State are in addition to dues paid to the national organization, which may be paid through the national website, <http://aauw.org>, before completing this form.

Membership ID# _____
Found on your Association renewal notice, AAUW Outlook label or AAUW in Action label.

First Name _____

Last Name _____

Address _____

City _____ Zip _____

E-mail _____
AAUW of Washington does not share e-mail addresses with third parties.

Home Phone _____ Work Phone _____

Please return completed form and check to:

AAUW - WA
VP Membership
P.O. Box 537
Liberty Lake, WA
99019-5037