



MEMBERSHIP APPLICATION LOWER CONNECTICUT VALLEY

BRANCH

Name _____ E-Mail _____

Street _____ City _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

College/University _____ Degree _____ Major _____

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How did you learn about the Lower Connecticut Valley Branch of AAUW? _____

Committees on which you are willing to serve (please check):

_____ Communications _____ Fundraising _____ Hospitality _____ Membership

Special Interest Groups you would like to join (please check):

_____ Book Group—Afternoon _____ Creative Arts * _____ Mah Jongg

_____ Book Group—Evening _____ Cultural Trips

_____ Bridge—Afternoon _____ Dinner Series

_____ Bridge—Evening _____ Great Decisions

* needs a chairperson

Dues for 2019-2020: \$90.00 (\$59 of which \$56 of the National dues is tax deductible, plus \$10 for state plus \$21 for our branch).

(I am a member of _____ branch and have remitted my Nat'l, State, and Branch dues to them for 2019-2020. Therefore, I am sending \$21 for my joint membership with Lower Connecticut Valley Branch).

Make checks payable to: Lower CT. Valley AAUW

Send check with this completed form to:

Linda Frigon, 60 Cromwell Place, Old Saybrook, CT 06475

For any questions please contact one of the Membership Co-Chairpersons:

Sharon Howell, 860-339-5947 or Margie Rice, 860-388-1540

Membership Application LCV 2019-2020