**Instructions: Save this document as *your name.doc* Type directly in saved form.**

**Save and print completed file.**

**Mail with check payable to LCV – AAUW to Treasurer, P.O. Box 379, Old Saybrook, CT 06475**

**Name: Click or tap here to enter text. E-Mail: Click or tap here to enter text.**

**Street: Click or tap here to enter text. City: Click or tap here to enter text.**

 **State: Click or tap here to enter text. Zip:** Click or tap here to enter text.

**Phone (Home):** Click or tap here to enter text. **Cell:** Click or tap here to enter text.

**College/Univ.** Click or tap here to enter text. **Degree:** Click or tap here to enter text.

 **Year Received­­­** Click or tap here to enter text. **Major** Click or tap here to enter text.

**College/Univ.** Click or tap here to enter text. **Degree:** Click or tap here to enter text.

**Year Received­­­** Click or tap here to enter text. **Major** Click or tap here to enter text.

**College/Univ.** Click or tap here to enter text.  **Degree:** Click or tap here to enter text.

**Year Received­­­** Click or tap here to enter text. **Major** Click or tap here to enter text.

**How did you learn about the Lower CT Valley Branch of AAUW?** Click or tap here to enter text.

**I am willing to serve on checked committee:** [ ]  Fundraising [ ] Hospitality

**I am interested in joining the checked Interest Group(s):**

[**Click here for Interest Group Information**](https://lowerctvalley-ct.aauw.net/activities/groups/)

[ ]  Book Group - Afternoon [ ]  Mah Jongg [ ]  Great Decisions

[ ]  Book Group -Evening [ ]  Cultural Trips [ ]  Hiking Group

**Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.

**Dues for 2023-2024 - $110.00** ($72 is for National dues, of which $69 is tax deductible, plus $10 for state dues, plus $28 for Lower CT Valley Branch dues).

***Joint Membership:*** *I am a member of* Click or tap here to enter text. *branch and have remitted my National, State, and Branch dues to them for 2023-2024. Therefore, I am sending $28 for my joint membership with Lower Connecticut Valley Branch.*

**Questions?** Contact Membership Committee Co-Chairs…

 **Margie Rice** (860) 575-5345  **margierice@comcast.net** or

 **Deb Herskowitz** (203)858-0877 **djherskowitz@gmail.com**

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1. **Personal information listed in the affiliate Membership Directory is proprietary and is for exclusive use by the membership**. Contact information is not to be used by members for commercial or non-AAUW purposes.
2. **Members will individually determine whether their contact information may be published** in the printed Membership Directory distributed exclusively to members and the Membership Roster accessible from the LCV website through a password-protected *Members Only* web page. Additionally, member names may be published in the monthly LCV newsletter emailed to the membership and posted on the LCV website. Member names may be listed with event photographs on the LCV Facebook page and on the LCV website calendar when hosting/leading an event.
3. **A member will either grant or opt-out of permission** for use of their information as listed in #2 above by signing the Privacy Permission form (below). Members can revoke their permission at any time. The LCV Secretary will maintain signed permission forms.
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5. If a member does not complete and submit a Privacy Preference form, their information will be published.

**Name** Click or tap here to enter text. **Date ­­­­­­­­­­­­­­­­­­­­­­** Click or tap to enter a date.

**Signature ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Check one: I DO ­­­­­** [ ]  **I DO NOT ­­** [ ]  **grant permission for my information to be included in LCV Branch publications and online media.**

**If you do NOT sign and complete this Privacy form your information WILL BE PUBLISHED.**

**Membership Applicants: Submit completed form with Membership Application**