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

**Date Received­­­** mm/dd/yyyy  **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.

**Date Received­­­**  mm/dd/yyyy **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.

**Received­­­** mm/dd/yyyy **Major** Click or tap here to enter text.

**How I learned 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**](about:blank)

Book Group - Afternoon  Mah Jongg  Great Decisions  Crafting Group

Book Group -Evening  Cultural Trips  Hiking Group

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

By signing below, I give permission to the AAUW-LCV Branch to publish my name, contact information

(email, address, and phone) and educational history in the printed LCV membership directory. The

Directory information is for the sole use of AAUW and will not be shared with any other parties.

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

By signing below, I give permission to the AAUW-LCV Branch to publish my name and contact information

on the Membership Roster accessible from the password-protected LCV Website Members Only page.

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

**2023-2024 Dues: $110.00** ($72 tax-deductible National dues. s $10 State dues. $28 Lower CT Valley Branch\_

***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. I include $28 for my joint membership with Lower Connecticut Valley Branch.*

**Questions?** Contact Membership Cttee Co-Chairs: **Margie Rice** (860) 575-5345 [margierice@comcast.net](mailto:margierice@comcast.net)

**Deb Herskowitz** (203)858-0877 [**djherskowitz@gmail.com**](mailto:djherskowitz@gmail.com)