

## Issaquah, WA Branch – Membership Application

Select Membership Type:	∐ Stude	nt Member 🔲 Frien	d of the Issaquah Branch
Full Name			
Address			
City	Si	tate Z	Zip Code
Phone	E-	-Mail	
Optional information for local member directory Birthday (Month and Day)	S	pouse/Partner Name	
Recruiting Member Name (if applicable)			
Transferring Members only Branch	AAUW Membership Number		
Branch Membership only – List Qualifying Degree(s) and sign			
Institution	State	Degree Earned	Date
I am a graduate holding an associate or equivalent accredited institution as stated above.	t (RN), bacca	alaureate, or higher de	gree from a regionally
Member Signature:			
Payment Information			
Branch Membership dues are \$105, (\$74 for nation Branch dues are \$21. Student members must pay Issaquah.			
Mail check and this completed form to:			
177 1	Judy Roger AUW Issaqu 07 <sup>th</sup> Ave NE, Ilevue, WA 9	ıah , #2106	
AAUW national dues are tax deductible by the individual membe	r;		
Questions? Contact Issaquah VP of membership at n	nembership@	aauw-issaquah.org	Revised 4/4/2025