



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

2026-27 New Member Application

**Required information. Will be published in our Member Directory*

CONTACT INFORMATION

*Full Name: _____ Birthday: _____
Last Name First Name (as you wish to be listed in the directory) Month/Date

*Address: _____
Street / PO Box City / State / Zip Code

*E-mail: _____

*Cell Phone: _____ Home Phone: _____

Full-time FL Resident? ☐ Yes ☐ No If Seasonal, List Months in FL: _____

*Education (Associate's degree or higher is required)

College/Univ.	Degree	Major	MM/DD/YY Grad
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHICH MEMBERSHIP OPTION APPLIES TO YOU?

AAUW VERO BEACH BRANCH is a 501(c)(3) charitable organization permitting federal tax deductions for contributions.

☐ **Shape the Future Membership – \$80** (National \$38 + Florida \$12 + Vero Beach \$30)
Select this option if you are joining while attending an AAUW event or meeting, or an event with an AAUW table.

Event Date: _____ Event Name: _____

☐ **Dual Membership – \$30**
*If you are **already a member of another AAUW branch**, you are considered a Dual Member and only need to pay Vero Beach Branch dues.* Home Branch: _____

☐ **Regular Membership – \$118** (National \$76 + Florida \$12 + Vero Beach \$30)
*Select this option if you are joining AAUW Vero Beach and **have not attended an event**.*

NAME TAG & DONATIONS

☐ **Name Tag - \$12** (optional but recommended)
Specify backing: ☐ magnetic ☐ safety pin ☐ alligator clip

☐ **Donations \$** _____
Local Program Fund (includes scholarships)

TOTAL PAYMENT \$

Make check payable to **AAUW VERO BEACH BRANCH** and mail it with this form to:
AAUW VERO BEACH • P.O. Box 2143 Vero Beach, FL 32961



aauwverobeachmembership@gmail.com



aauwverobeach.org