



Name _____
Last First Preferred Title (Dr. Mrs. Ms.)

Address _____
Street/PO Box City/State/Zip

Email Address _____
**An active email address is vital for correspondence. If you have no email, indicate how to best get information to you.

School(s) _____ Year of graduation _____

Degree(s) _____ Majors _____

Are you a full time Florida resident? Yes ___ No ___ Months in FL _____

| | |
|---|-------|
| DUES: National \$62, State \$12, Vero Beach Branch \$25, Handbook Fee \$2 = Total \$101 | _____ |
| NAME TAG: with magnet back- add \$12 (optional) | _____ |
| DONATIONS: Local program fund (includes scholarship for IRSC and LPN) | _____ |
| Total | _____ |

Please fill out and send this form with a check payable to: AAUW Vero Beach Branch, PO Box 2143, Vero Beach, FL 32961

Interest Groups: Which one of these member-only groups would you like to join?
 Creative Writing ___ International Relations ___ Reading Group ___ Lunch Bunch ___ Public Policy ___
 Volunteering: Check which of our outreach programs you would like to join now or receive more information on.
 Fundraising ___ Programs ___ Adult Literacy Tutor ___ Youth Mentor/Tutor ___ Members Helping Members ___
 Communications ___ STEM, Tech Trek, Environmental Learning Center, Science Fair ___
 Guardian Ad Litem Program Volunteer Advocates for children in need in courts and schools ___

We know our oldest member is 100+ and our youngest member 20-something, but we would like to better understand our age demographics. Please check your age range:

Under 65 ___ 65-74 ___ 75-84 ___ Over 85 ___ **THANK YOU!**

PLEASE PRINT AND MAIL THIS FORM WITH YOUR CHECK TO: AAUW PO BOX 2143, Vero Beach, FL 32961