## **WELCOME TO AAUW ASHLAND**

## **NEW MEMBER REGISTRATION**

Fiscal Year July 1, 2021 - June 30, 2022



Date:

Please mail membership form and check to: AAUW Ashland, 2305 Ashland St., Suite C, #406, Ashland OR 97520

Contact: Claudette Paige, 530-277-3246, c.paige@att.net

				Date.	
ANNUAL DUES AND CONTRIBUTIONS  Make one check to AAUW					
Basic Membership \$110 (Dues breakdown: National \$62 State \$16 Branch \$32)			\$		
Life Member \$51 (REGISTERED life members pay branch/state dues only)				\$	
Dual Branch Member \$35 (Payable to the Ashland branch by members of another branch)				\$	
Dual members, what is your primary branch?					
Helping Hand fund (dues assistance) Please note that if you need assistance with registration fees, contact the Membership Chair listed above.				\$	
National AAUW GREATEST NEED Funds Donation.			\$		
Method of Payment:	Check enclosed	Payment made through online banking.	OTAL TO AAUW:	\$	
The tax-deductible portion of your \$110 dues is \$104. AAUW National, State and the Ashland Branch are all 501c3 non-profit organizations. For IRS-related issues, refer to the IRS website for charities and nonprofits ( <a href="https://www.irs.gov/Charities-&amp;-Non-Profits">www.irs.gov/Charities-&amp;-Non-Profits</a> ) or call the IRS nonprofit office at 877.829.5500.					
SCHOLARSHIP DONATIONS  Note: Foundation donations are tax deductible.					
Make separate checks for each and note, "annual scholarships" or "scholarships endowment" in the memo line.					
SOU Foundation (annual scholarships)			\$		
SOU Foundation (AAUW scholarship endowment fund)			\$		
RCC Foundation (annual scholarships)				\$	
RCC Foundation (AAUW scholarship endowment fund)				\$	
Your Personal Information					
Last Name:	ast Name: First Name: Birthday: (month & day)				

## Primary Phone: E-mail address: Partner's name: (optional) Street Address: City: State: Zip: **Your Education** 1st College/University: Degree: Major: State: Degree: 2nd College/University: Major: State: 3rd College/University: Degree: Major: State 4th College/University: Degree: Major: State THANK YOU. PLEASE COMPLETE YOUR INTEREST SURVEY ON PAGE 2.

## AAUW ASHLAND BRANCH INTEREST SURVEY

Let us know how you'd like to be involved! We welcome new ideas!

First / Last Name:	Primary phone:	E-mail address:	
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BRANCH LEADERSHIP	YOUR IDEAS		
Serve in Leadership Position			
Serve as a Board Member			
Chair a Committee			
State / Regional Position			
SUPPORT			
Membership Team			
Program Planning			
Accounting/Finance			
Publicity			
Photography			
Branch Directory			
Communications Team: Newsletter   Website   Facebook			
Fundraising			
Coffee and Refreshments			
Lead an Interest Group			
Greet at Meetings			
Social Committee			
Scholarship Committee			
Celebration of Scholars			
Public Policy Team			
Upscale Sale			

**Holiday Party**