



**Membership Application 2024-2025**

Please make checks payable to "AAUW – Georgetown" and mail check with completed form to:  
**AAUW Georgetown Branch, 1530 Sun City Blvd, Ste. 120 #483, Georgetown, TX 78633**

**New Member**

**Renewing Member**

**Dues:**

Branch Member (National - \$72; State - \$13; Branch - \$18)	\$103	\$
Life Member (State - \$13; Branch - \$18)	\$31	\$
Dual Branch Member – Georgetown Primary (State - \$13; Branch - \$18)	\$31	\$
Dual Branch Member – another branch primary (Branch - \$18)	\$18	\$
New Member - Shape the Future – (National \$36; State \$13; Branch \$18)	\$67	\$
NOTE: AAUW national membership dues are \$72, of which \$69 is tax deductible as a charitable contribution. The remaining \$3 is not tax deductible because it supports the AAUW Action Fund's section 501(c)(4) Capitol Hill Lobby Corps and get-out-the vote activities. The state and branch dues are wholly deductible.		

LAST Name (Print): \_\_\_\_\_ FIRST Name (Print): \_\_\_\_\_

If dual member, where is your other branch affiliation? \_\_\_\_\_

**NEW MEMBER or RENEWING MEMBER INFORMATION**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone Type:  Cell  Home  Work

EDUCATION	INSTITUTION	DEGREE EARNED	MAJOR	DATES COMPLETED
Associate				
Bachelor				
Master				
PhD/EdD				
Other				

**OPTIONAL INFORMATION FOR NEW MEMBERS**

Family: spouse/partner (Name): \_\_\_\_\_

Children (if at home, # and ages): \_\_\_\_\_

Work Experience/special talents/volunteer work: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

**MEDIA RELEASE AGREEMENT**

By submitting my AAUW Membership application (as a New or a Renewing Member), I agree to have my image used in photos, videos, newsletters, brochures, articles, flyers, fund raising letters, annual reports, press kits, and submissions to journalists, web sites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markers now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I hereby hold harmless, and release American Association of University Women – Georgetown Branch from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

**I WOULD LIKE TO MAKE A DONATION**

AAUW FUNDS Donations: \$ \_\_\_\_\_

Fund Name & Number \_\_\_\_\_

For a complete description of AAUW Funds, please go to <http://www.aauw.org>

LOCAL donations:

I want my donation used for \_\_\_\_\_ \$ \_\_\_\_\_

I do NOT agree to have my image used in AAUW media. \_\_\_\_\_  
Initials

Signature: \_\_\_\_\_

Date form completed: \_\_\_\_\_