

Membership Application 2025-2026

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 - \$74; State - \$13; Branch - \$18)	\$105	\$
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 \$37; State \$13; Branch \$18)	\$68	\$
NOTE: AAUW national membership dues are \$74. All AAUW dues are fully tax 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: _____