



Personal Information · Female · Male

Name _____

Address _____

City/State/Zip _____ Home phone _____
 _____ Mobile phone _____

E-mail _____ College/University _____

_____ State _____ (Highest) Degree

earned _____ Year _____ Major _____

_____ Date of birth _____

Current or Most Recent Occupation: _____ (how would you like
 this listed in the Confidential Membership Directory) _____

I agree to be listed in the confidential digital AAUW Hilo Branch Directory, as well as the hard copy directory. Yes · ·

No ☐

Eligibility

· · I am a graduate with an associate or equivalent (RN), baccalaureate, or higher degree from a regionally accredited institution as stated above.

Signature Date

Member Recruiter: Name & Branch if applicable: _____

Regular Membership: National Dues \$59 + State \$10 + Branch \$16 = **Total Annual Regular Member Dues \$85**

Graduate Students Membership enrolled in University of Hawai'i or Hawai'i Community College can join Hilo Branch for \$16/year.

Make check payable to AAUW, and mail to PO Box 6132 Hilo HI 96720

Membership Questions: Contact Elizabeth Hansen, lizhansen222@gmail.com