

## Membership Application / Hilo Branch

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

College/University \_\_\_\_\_ State \_\_\_\_\_

(Highest) Degree earned \_\_\_\_\_ Year \_\_\_\_\_

Major \_\_\_\_\_ Date of birth \_\_\_\_\_

Current/ 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, 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: if applicable: \_\_\_\_\_

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

**Graduate Students Membership** enrolled full time 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