



Membership Application / Hilo Branch 2024-2025

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 \$72 + State \$10 + Branch \$16 = Total Annual Regular Member Dues \$98.
University/College Student Dues \$18.81.

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

Membership Questions: Contact Charmaine Banther, email: cmbanther@gmail.com 808-825-8281