



AAUW Amsterdam-
Gloversville-
Johnstown



REGISTRATION FORM

(Please print clearly)

Name: _____

Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail: _____

College/University: _____

Degree(s)/Graduation Date(s): _____

National Association Fee:	\$49.00
New York State Fee:	\$13.00
Branch Fee:	<u>\$13.00</u>
Total:	\$75.00

Mail to: Irene Collins
322 Guy Park Ave
Amsterdam, NY 12010

Payable to AAUW

Rev. 7/2/2016

BIOGRAPHICAL INFORMATION

Occupation/Business/Retired: _____

Volunteer Work and Interests: _____

How Did You Learn About AAUW? _____

Why Are You Interested In Joining?

- _____ To Support Women's Issues
- _____ To Network with Other Women
- _____ To Receive Information and AAUW Publications

Other: _____

