



Littleton-South Metro AAUW Membership Application

Please fill in all items designated in bold. Refer to <http://littleton-co.aauw.net/join-us/> for detailed information on dues and special cases that might apply.

Name: _____

Address: _____

City/State/Zip: _____

Phone (H): _____ Phone (Cell): _____

E-mail: _____

AAUW Member # _____ Dates/Branch _____

**Degree(s), with month & year, including Major field of study (i.e. BS, Biology),
College(s)/University(ies):** If more lines are needed, please attach a separate sheet.
(Required for National roster, please)

Interests: _____

Total Dues (FY 2024-2025): \$104.00

Branch Dues: \$20.00

State Dues (CO): \$10.00

National Dues \$74.00

Dues Enclosed: \$ _____

Make check payable to Littleton-South Metro AAUW and mail with this form to:

Linda Joseph
6871 S Marion Cir W
Centennial, CO 80122

Questions: Call Linda at 303-794-8630 or e-mail her at lpjoseph5@msn.com.