



2023 - 2024 Membership Form

CHECK ONE: RENEWING MEMBER NEW MEMBER

NAME: First _____ Last: _____

SPOUSE / PARTNER FIRST NAME: (optional) _____

*The Membership Category you select determines your dues. Write a check for this amount payable to Lake Sumter AAUW.
Mail to: Barb Fieldman, 810 Maybank Loop, The Villages, FL 32162*

Yearly Membership: \$103
(\$72 National, \$12 State, \$19 Branch)

Dual Membership: \$31 **Home Branch:** _____
(\$12 State, \$19 Branch)

Student Affiliation: \$18.81 **College/Univ:** _____
(\$18.81 National)

LOCAL RESIDENCY

Full Time Part Time

LOCAL ADDRESS: _____

CITY: _____ ZIP CODE: _____

If you live in The Villages, enter **VILLAGE:** _____

PHONE: **Cell:** _____ - _____ **Other:** _____ - _____

EMAIL: _____

DEGREES EARNED

| SCHOOL | STATE | YEAR | DEGREE | MAJOR |
|--------|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Administrative Use Only

STF Initials _____ Date _____