



2021-22

RENEWAL APPLICATION and Dues Invoice

Contact Information:

Name: _____
Last First Preferred Title (Dr, Mrs, Ms,)

Address: _____
Street/PO Box

City State Zip

Phone: _____
Home Cell

Email: _____
An active email is vital for correspondence, if you have no email please tell us how to best get information to you.

Are you a full time Florida resident? Yes _____ No _____ (Months in FL _____)
Check if: Life member _____ or Honorary Life member _____

| | |
|--|-----------|
| DUES \$101 (\$84 tax deductible) National \$62, State \$12, Vero Beach Branch \$25, Mailing fee \$ 2: Total dues \$101 NOTE: Life members (Dues \$39) -- Honorary Life members (dues \$0) | |
| NAME TAG (with magnet back) add \$12.00 (optional) | |
| DONATIONS | |
| Local Program Fund (includes scholarships for IRSC and LPN) | |
| National's Greatest Needs Fund (9110 Fund) | |
| TOTAL | \$ |

To pay by check: make Check payable to **AAUW Vero Beach Branch** and mail check with this Renewal Form to **AAUW Vero beach, P.O. Box 2143 Vero Beach, FL. 32961**

To pay and/or donate online: Go to **verobeach-fl.aauw.net**

PLEASE TEAR OFF AND KEEP THIS RECEIPT FOR YOUR RECORDS

AAUW VERO BEACH 2021-22 Membership Renewal. Date Paid _____
Amount Paid _____ Check # _____ PayPal/Credit Card _____

AAUW Vero Beach Branch is a 501(c)(3) charitable organization permitting federal tax deductions for contributions.
Renewal Application updated March 2021