AAUW GP MEMBERSHIP RENEWAL APPLICATION
2025-2026

NAME (First, Middle initial, Last):

STREET ADDRESS

CITY/STATE/ZIP CODE:

HOME PHONE: _____CELL PHONE: _____ WORK PHONE:_____

EMAIL ADDRESS: _____

You are a _____
(insert membership category here)

***Honorary Life Member: has been recognized for 50 years + membership and pays no dues, although you may choose to make donations for branch projects.**
***Life Member: does not pay National dues but pays state and local dues.**
***Regular Member: pays National, State, and Branch dues**

Dues: Branch: $11, State: $15, National: $74

Student Affiliate Member:
_____Dues: $25.81
(Branch: $2, State: $5, National: $18.81)

TOTAL Amount Enclosed: $_____

Send your complete membership form and check to: (Make check payable to AAUW Grosse Pointe)
AAUW- Grosse Pointe
32 Lake Shore Dr.
Grosse Pointe Farms, MI 48236

Questions? Please email us at aauwgp@gmail.com

Prepared by SKS/ Updated 09/22/2025ERH