



NEW/RENEWAL ADDITIONAL DUES REMITTANCE (ADR) FORM
FOR SUBMISSION OF NATIONAL AND STATE DUES – FY13 (July 1, 2012 - June 30, 2013)

Date: _____

Page: _____ of _____

AAUW

National dues payable to: AAUW - Mail to: AAUW Nat'l Dues, Box 96793, Washington, DC 20090-6793
 State dues payable to: (Your State Name) AAUW - Mail to: AAUW (Your State Finance Officer)
 Questions, call Connect2AAUW 800/326-2289 (Connect@aauw.org) - Fax: 202/861-8068

YOUR CONTACT INFORMATION IS REQUIRED
FINANCE OFFICER:

PHONE:

BRANCH NAME/CODE:
EMAIL:

Instructions: Use this form to remit national and state dues for members who join, renew, transfer, before and after the initial Branch Dues Report (BDR) form has been submitted. Record the names to submit, make a copy for your state, a copy for your records, and send the original to National. Use the remittance table below to determine national dues. SEPARATE CHECKS FOR BDR vs. ADR forms for National dues, please. ALWAYS SEND YOUR FORM AND PAYMENT TOGETHER!

A new member is someone entirely new to AAUW or who rejoins after 2 or more years. A current Member-at-large (MAL) is not considered new. When they join your branch, use the "transfer" code, as they are now becoming a branch member. Contact us to check the status of former members/members-at-large to determine if national dues are due.

*Membership Campaigns: In order to take advantage of national membership campaigns, all guidelines must be followed. Please read the COMMENTS for our membership campaigns (*Shape the Future, Member-Get-A-Member, and Give-A-Grad-A-Gift*). Visit www.aauw.org, Member Center, Membership Campaigns for more information.

Student Affiliates – Please check to see if the College/University is an AAUW Partner Member. For those who are, the student is eligible for free eStudent Affiliate membership for the year. For those who are not, please remit payment in accordance with the remittance table below.

NATIONAL REMITTANCE TABLE FY12-13

CODE AND DESCRIPTION When to Send National and State Dues		FULL YR 3/16/12-12/31/12	HALF YR 1/1/13-3/15/13	COMMENTS
NEW MEMBER and NEW MEMBER CAMPAIGNS* – A NEW MEMBER IS SOMEONE ENTIRELY NEW TO AAUW or LAPSED TWO OR MORE YEARS				
N – NH*	NEW MEMBER FULL YEAR	49	24.50	MEMBERSHIP GOOD THRU 6/30/2013
STF*	SHAPE THE FUTURE	\$24.50	\$12.25	GUEST/REFERRAL LIST MUST BE ATTACHED TO THIS REMITTANCE
MGM*	MEMBER-GET-A-MEMBER CAMPAIGN	\$49	\$24.50	RECRUITER NAME AND ID# MUST BE ENTERED IN FIELD PROVIDED
STF-MGM*	SHAPE THE FUTURE/MEMBER-GET-MEMBER	\$24.50	\$12.25	GUEST/REFER LIST MUST BE ATTACHED & NAME/ID# IN COMMENTS
S-MGM*	STUDENT AFFILIATE/MEMBER-GET-MEMBER	\$17	\$8.50	RECRUITER NAME AND ID# MUST BE ENTERED IN FIELD PROVIDED
S-STF	STUDENT AFFILIATE/SHAPE THE FUTURE	\$8.50	\$4.25	GUEST/REFER LIST MUST BE ATTACHED & NAME/ID# IN COMMENTS
eSAF	e-STUDENT AFFILIATE	\$0.00	\$0.00	STUDENTS FROM CURRENT COLLEGE/UNIVERSITY PARTNERS
GRAD	GRADUATE STUDENTS 130 TH ANNIVERSARY	\$18.81	\$18.81	GRADUATE STUDENTS SPECIAL THRU 11/30/2012
GGG*	GIVE A GRAD A GIFT	\$0.00	N/A	RECENT GRAD.-INCLUDE GIVER'S NAME/ID.
LIFE	PAID LIFE MEMBER	\$980	N/A	NEW/RENEWAL MEMBER UPGRADING TO PAID LIFE MEMBER
RLIFE	EXISTING PAID OR HONORARY LIFE MEMBER	N/A	N/A	CONTACT STATE FINANCE FOR STATE DUES
S	STUDENT AFFILIATE NEW/RENEWING	\$17	\$8.50	HALF YR FOR NEW MEMBERS ONLY
T	TRANSFER MEMBER	\$0	N/A	TRANSFER FROM ANOTHER BRANCH or MAL STATUS
REN	RENEWING MEMBER OR LAPSED 1 YR.	\$49	\$49	RENEWING MEMBER OR MEMBER LAPSED FOR 1 YR ONLY
REP	COLLEGE/UNIVERSITY REPRESENTATIVE	\$0	\$0	NAT'L DUES WAIVED BY INSTITUTION MEMBERSHIP
DUAL	DUAL MEMBER	\$0	\$0	MEMBER OF MULTIPLE BRANCHES-ID#-REQUIRED NAT'L DUES MUST BE PAID THRU PRIMARY BRANCH

PLEASE PRINT CLEARLY - PLEASE PROVIDE COMPLETE NAME AND ADDRESS – PLEASE REMIT PAYMENTS WITH FORMS

CODE and/ or ID #	NAME/ADDRESS	PHONE AND EMAIL	DEGREE - MMY and INSTITUTION	Nat'l \$	State\$
MGM	(EXAMPLE) Jane Doe 1234 Nowhere St., City, State, ZIP	202/123-1234 janedoe@exampleonly.com	BS in Example, May 1979 University of Texas	\$49	\$
RECRUITER NAME / ID Joanne Doe - 1234567					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
Comments (For Member-Get-A-Member Campaign, please enter only one recruiter's name and ID# above.)				\$	\$
				Ck#	Ck#

****PLEASE NOTE**** If you have additional members, please make additional copies to suit your needs.

AAUW national individual member dues for fiscal year 2013 is \$49.00, of which \$46.00 is tax deductible; the remaining \$3.00 is not tax deductible and will go to support the AAUW Action Fund's Section 501(c)(4) activities (Lobby Corps and get-out-the-vote activities). Likewise, of the \$17.00 Student Affiliate dues, \$16.00 will be tax deductible and \$1.00 will not be tax deductible for the same reason.



**NEW/RENEWAL ADDITIONAL DUES REMITTANCE (ADR) FORM - SUPPLEMENTAL PAGE
FOR SUBMISSION OF NATIONAL AND STATE DUES - FY13 (July 1, 2012 - June 30, 2013)**

Date: _____

Page: _____ of _____

AAUW

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State dues payable to: (Your State Name) AAUW - Mail to: AAUW (Your State Finance Officer)
Questions, call Connect2AAUW 800/326-2289 (Connect@aauw.org) - Fax: 202/861-8068

YOUR CONTACT INFORMATION IS REQUIRED
FINANCE OFFICER:

PHONE:

BRANCH NAME/CODE:
EMAIL:

PLEASE PRINT CLEARLY - PLEASE PROVIDE COMPLETE NAME/ADDRESS - PLEASE REMIT PAYMENTS WITH FORMS

CODE and/ or ID #	NAME/ADDRESS	PHONE AND EMAIL	DEGREE - MMY and INSTITUTION	Nat'l \$	State\$
MGM	<i>(EXAMPLE) Jane Doe 1234 Nowhere St., City, State, ZIP</i>	<i>202/123-1234 janedoe@exampleonly.com</i>	<i>BS in Example, May 1979 University of Texas</i>	<i>\$49</i>	<i>\$</i>
RECRUITER NAME / ID <i>Joanne Doe - 1234567</i>					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
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RECRUITER NAME / ID					
RECRUITER NAME / ID					
Comments (For Member-Get-A-Member Campaign, please enter only one recruiter's name and ID# above.)				\$ Ck#	\$ Ck#

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APPLICATION FOR HONORARY LIFE MEMBERSHIP

Date: _____

AAUW

Mail to: Membership Department, 1111 16th St, Washington, DC 20036 or Fax to: 202/861-8068
Or Email the form to: connect@aauw.org Questions? Call Connect2AAUW 800/326-2289

YOUR CONTACT INFORMATION IS REQUIRED
MEMBERSHIP VICE PRESIDENT:

PHONE:

BRANCH NAME/CODE:

EMAIL:

The AAUW Bylaws state: "An individual member who has paid Association dues for fifty years shall become a life member and shall thereafter be exempt from payment of Association dues." Honorary Life Membership may be granted any time after payment of dues for the 50th membership year. The waiver of national dues takes effect on the date of confirmation and will be acknowledged by receipt of a letter, certificate, and permanent membership card.

Guidelines for Completing the Honorary Life Application

You need not include documentation with your honorary life application. Simply complete the form to the best of your knowledge. Many branches and individual members may be unable to fully complete the membership history portion of this application. If you lack the exact information please fill in what you do have and estimate the rest. We will not deny honorary status to a member because of this. However, the years stated on the form must add up to 50 years of membership.

MEMBERSHIP HISTORY

Full Name of Applicant:

Complete Current Address:

Complete Previous Address:

Maiden Name:

Married Name(s):

Husband's first name:

Telephone:

Date of Birth:

College or University:

Graduation Date and Degree:

Please indicate member-at-large status (MAL) or list the name of current branch and the years of membership. Include any breaks.

STATUS (WRITE BRANCH NAME OR MAL)

DATES OF MEMBERSHIP

1.

2.

3.

4.

FOR BRANCH MEMBERS ONLY: Acknowledgments and certificates are mailed to the requestor.

Requestor:

Address of Requestor:

City/State/Zip:

Return this application to AAUW. Please allow 30 days for the application to be processed. An acknowledgment letter and certificate will be mailed to the requestor. If you have questions, please contact the Membership Department at 800/326-2289.



Application for AAUW Paid Life Membership

National dues payable to: AAUW Mail to: AAUW, P.O. Box 96974, Washington, DC 20090-6790

Questions? Call Connect2AAUW 800/326-2289 (connect@aauw.org)

AAUW

Visit the AAUW Website www.aauw.org

Enjoy AAUW membership for a lifetime!

Show your lifelong commitment to advancing equity for women and girls through Advocacy, Education, Philanthropy, and Research.

BECOME AN AAUW PAID LIFE MEMBER!

Stand up and be counted ...

... Join more than 10,000 women and men who have already made the AAUW lifetime commitment. Receive your **life membership acknowledgment letter and your lifetime membership certificate**. Your AAUW benefits will continue for the rest of your life!

I am upgrading to life membership \$980;

Name _____

Membership ID _____ Branch Name _____

Home Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Home Phone _____

E-mail _____ @ _____ Fax _____

Method of Payment

Check enclosed MasterCard Visa American Express Discover

Name as it appears on card _____

Billing Address _____

City/State/ZIP _____

Card # _____ Expires ____ / ____

Signature _____ Today's date ____ / ____ / ____

Your AAUW benefits will continue for the rest of your life!



AAUW Give-A-Grad-A-Gift Application Form

Date: _____

Mail to: AAUW Membership Dept, 1111 16th St, NW, Washington, DC 20036 or Fax to: 202/861-8068
 Questions ? Call Connect2AAUW 800/326-2289 (connect@aauw.org) - Visit the AAUW Website www.aauw.org

YOUR CONTACT INFORMATION IS REQUIRED
OFFICER:

PHONE:

BRANCH NAME/CODE:
EMAIL:

AAUW members can give a recent graduate a free 1 year membership in AAUW, at no cost! Give a free membership to anyone who has graduated in the last year, who has earned either an associates, bachelors, or doctorates degree, who is not currently a regular member of AAUW. AAUW e-student affiliates will automatically receive GGG upon graduation.

Expose the power that comes from belonging to a national women-led organization of more than 100,000 members and donors who believe in and advance equity and education for women and girls.

Expand the networking opportunities through career development opportunities and community action projects. Experience the rewards of working with and learning from successful AAUW mentors.

Keep current on the events and people that affecting your life – Student receives *Mission & Action*, *AAUW Outlook*, Action Network alerts, and more.

Increase buying power with access to discounted health and dental insurance, auto insurance, AAUW research reports, education loans and other members-only benefits.

Gift Recipient and Giver Information:

CODE and/ or ID #	NAME/ADDRESS	PHONE AND EMAIL	DEGREE - MMY and INSTITUTION	Nat'l \$	State\$
MGM	(EXAMPLE) Jane Doe 1234 Nowhere St., City, State, ZIP	202/123-1234 janedoe@exampleonly.com	BS in Example, May 1979 University of Texas	\$0	\$
RECRUITER NAME / ID Joanne Doe - 1234567					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
RECRUITER NAME / ID					
Comments (For Member-Get-A-Member Campaign, please enter only one recruiter's name and ID# above.)					\$ Ck#

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AAUW may share members' contact information with affiliated groups and like-minded organizations. To prevent the sharing of your contact information, notify AAUW at 800/326-2289 or records@aauw.org.



MEMBER RECORDS CHANGE – OFFICER CHANGE FORM

Date: _____

Mail to: AAUW Membership Dept, 1111 16th St, NW, Washington, DC 20036 or Fax to: 202/861-8068
Questions? Call Connect2AAUW 800/326-2289 (connect@aauw.org) - Visit the AAUW Website www.aauw.org

YOUR CONTACT INFORMATION IS REQUIRED

OFFICER:

PHONE:

BRANCH NAME/CODE:

EMAIL:

Please check all that apply

- TRANSFER MEMBER DO NOT SOLICIT MEMBER DECEASED RESIGNED FROM BRANCH DUAL MEMBER
- NAME/ADDRESS /EMAIL CHANGE OFFICER CHANGE – Position Title _____ State or Branch

Member ID (if available): _____

FROM:

TO:

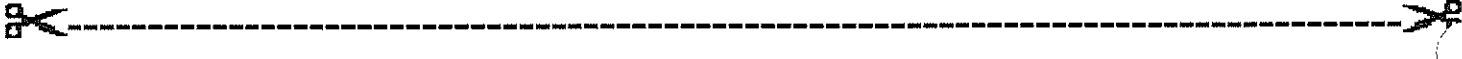
Full Name: _____ Full Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Occasionally AAUW's membership list is made available to carefully screened companies and organizations. Click here if you do not want your name included.

The most cost effective way for AAUW to communicate with members is by email. AAUW does not share or exchange email addresses with third parties.



MEMBER RECORDS CHANGE – OFFICER CHANGE FORM

Date: _____

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YOUR CONTACT INFORMATION IS REQUIRED

OFFICER:

PHONE:

BRANCH NAME/CODE:

EMAIL:

Please check all that apply

- TRANSFER MEMBER DO NOT SOLICIT MEMBER DECEASED RESIGNED FROM BRANCH DUAL MEMBER
- NAME/ADDRESS /EMAIL CHANGE OFFICER CHANGE – Position Title _____ State or Branch

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FROM:

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Full Name: _____ Full Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

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AAUW SHAPE THE FUTURE CAMPAIGN FREE MEMBERSHIP REDEMPTION FORM FY12-13

FOR SUBMISSION OF FREE NATIONAL MEMBERSHIPS

Mail to: AAUW Membership Dept., Shape the Future Campaign, 1111 16th St., NW, Washington, DC 20036
 Have questions? Call AAUW 800/326-2289 (connect@aauw.org) Fax: 202/861-8068

Date: _____

Finance Officer: _____

Branch Name/Branch Code: _____

Phone: _____

Email: _____

Instructions: Redeeming Free Memberships

Use this form to redeem free branch memberships earned at Shape the Future events. Branches receive one free Association membership for every two new members recruited at branch community activities. There is a limit of three free memberships in each fiscal year

Branches can apply for up to three Association memberships each fiscal year to pay the dues of one current, new, or lapsed member—an ideal way to thank a volunteer or speaker or support a member who needs financial assistance. To redeem free memberships, complete the application below for free membership (covers national dues only).

Free memberships must be redeemed by the end of the fiscal year in which they are earned. The fiscal year ends **June 30**. However, the memberships can be applied (the member's expiration date) to the current fiscal year or the next fiscal year.

Specify the fiscal year for which the membership should cover.

NATIONAL REMITTANCE TABLE

CODE	DESCRIPTION
N	New Member
C	Current Member
L	Lapsed

CODE / ID #	NAME/ADDRESS	PHONE AND EMAIL	DEGREE - MMY and INSTITUTION
L / 234567	(EXAMPLE) Jane Doe 1234 Nowhere St., City, State, ZIP	202/123-1234 janedoe@exampleonly.com	BS in Example, May 1979 University of Texas

Comments _____