

American Association of
University Women- Kona

kona-hi.aauw.net



P.O. Box 390487
Keauhou, HI 96739

Membership Form

MEMBER'S NAME _____

SPOUSE/PARTNER (Optional) _____

ISLAND ADDRESS _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL _____

OFF ISLAND ADDRESS AND MONTHS AT THIS ADDRESS (IF APPLICABLE) _____

BIRTHDAY (Month and Day Only) _____

Check one: RENEWING MEMBER _____

NEW MEMBER: _____

EDUCATIONAL INSTITUTION (if new member) _____

YEAR GRADUATED _____

DEGREE _____

SEND FORM AND CHECK FOR \$95 TO: Sue Roberts
AAUW-KONA, P.O. BOX 390487, KEAUHOU, HAWAII 96739

MEMBERSHIP DUES BREAKDOWN

National	\$62
State	\$10
Local	\$23
TOTAL	\$95

RENEWALS ARE DUE BY JULY 31ST EACH YEAR.

Note: \$56 of national dues may be tax deductible.

I WOULD LIKE TO MAKE A DONATION TO AKEF TO HELP SUPPORT THE SCHOLARSHIP FUND BY SENDING A CHECK TO
AAUW-KONA, P.O. BOX 390487, KEAUHOU, HAWAII 96739 PAYABLE TO AKEF