

Sacramento Branch Dues Assistance Application Form

Date: _____

Name of Applicant: _____ AAUW Membership Number: _____

Your Name (if applying on behalf of someone else): _____

Your Membership Number: _____

Amount Requested: _____

Brief Explanation of
Need: _____

List of Sacramento Branch Committees and Activities you are Involved in
now or have been involved with in the last year or two.

Please complete this form, scan it and email it to
aauwsacmembership@gmail.com or mail it to: AAUW Sacramento, 1361
Vallejo Way, Sacramento, CA 95818

Thank you. We will contact you soon.

AAUW Sacramento Branch Membership Directors