



AAUW FORT WAYNE BRANCH 2026-2027 DUES RENEWAL FORM

NAME: _____

Please select your dues category:

- REGULAR \$ 103 = National AAUW \$76 + State \$7 + Branch \$20
(Note that \$69 of national dues is tax deductible as a charitable contribution.)
- PAID LIFE MEMBER \$ 27 = State \$7 + Branch \$20
- STUDENT \$ 27 = National \$21 + Branch \$ 4 +State \$2
- HONORARY LIFE \$ 0 **Please consider a donation for Branch expenditures.

I am also enclosing a National AAUW Fund Donation \$ _____

Donations require separate checks.

**Please write the fund name on the memo line.* Examples are: AAUW Funds or AAUW LAF

Do you have **corrections/changes** for the 2026-27 Yearbook? YES NO

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Additional Degree(s): _____

E-Mail Address: _____

Make your renewal check **Payable to** AAUW Fort Wayne Branch

MAIL check with this completed form to:

Cathy Huff 4329 North Dr. Fort Wayne IN 46815

Thank you for renewing your membership!

Monette King, Membership Director

edwar94470@aol.com C: (260) 414-3916

Pay online at <https://aauwfortwayne.org/online-payments/> by May 30.

