

AUTHORIZATION FORM:

To the Registrar:

Please certify the information below given by the applicant for membership in the American Association of University Women.

Name when degree granted: _____

Married Name: _____

Address: _____

Institution: _____

Address of Institution: _____

Street

City

State

ZIP

Degree: _____ Year: _____

I hereby authorize the release of the above information.

Signed: _____ (Applicant)

Signing for the institution: _____

Title: _____

Thank you,

RETURN THIS FORM TO:

Membership VP
Reading, PA Branch



AMERICAN ASSOCIATION
OF UNIVERSITY WOMEN

Karen Parish
4 Mildred Ln
Fleetwood, PA 19522