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Please make check payable to: Poughkeepsie Branch AAUW, Inc. and mail check, and application form to:

Susan Doyle

PO Box 565

Fishkill, NY 12524-0565

Questions: Call Sue at 914/474-1232 or email suedoyle1@aol.com

Membership Application

Name _____

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Degree Sought _____

College/University _____

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