



American Association of University Women (AAUW) NEW MEMBER INFORMATION FORM

First name	Middle name/initial	Last name
Address (number and street)		
City		State and Zip code
<u>Home phone</u>	<u>Work phone</u>	Preferred email (clearly indicate numerals!)
Area code _____	Area code _____	_____
Number _____	Number _____	@ _____
Have you been a member of AAUW in the past? Yes _____ No _____ If yes, which branch? _____		
College _____ Degree _____ Year _____		
College _____ Degree _____ Year _____		
College _____ Degree _____ Year _____		
What is your birth date? Month _____ Day _____		

Please indicate your membership category.

Regular member: Dues are \$72. (Branch \$13, State \$10, National \$49)	Yes _____ No _____	\$ 72.00
Student affiliate: Dues are \$17.	Yes _____ No _____	\$ 17.00
Please make check payable to AAUW Send form & check to: Carolyn Barth, VP for Membership 1011 S. Renaud Grosse Pointe Woods, MI 48236	Total	

Would you like to become involved with the following?

	Yes _____ No _____	Comments
Study Groups	Yes _____ No _____	
Annual Book Sale	Yes _____ No _____	
Serving on the Board	Yes _____ No _____	
Program Planning	Yes _____ No _____	
Chairing or serving on a Committee	Yes _____ No _____	

1. What is your professional background?

2. What are your interests? Please tell us something about yourself

3. Additional comments
