



# 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.**

<b>Regular member:</b> Dues are \$74. (Branch \$15, State \$10, National \$49)	Yes _____ No _____	\$ 74.00
<b>Student affiliate:</b> Dues are \$24 (Branch \$5, State \$2, National \$17)	Yes _____ No _____	\$24.00
Please make check payable to <b>AAUW</b> Send form & check to: Carolyn Barth, Co-VP for Membership 1011 S. Renaud Grosse Pointe Woods, MI 48236 ( <a href="mailto:Barth1030@aol.com">Barth1030@aol.com</a> ) 313-881-0409	<b>Total</b>	

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 _____	
Other		

1. What is your professional background?

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2. What are your interests?

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3. Please tell us something about yourself-

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4. Additional Comments:

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Revised 06/08/10