



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
SANTA ROSA BRANCH

MEMBERSHIP APPLICATION

Please include a photo for newsletter

Date: _____ Birthday Month: _____

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email: _____ Spouse/Partner (opt): _____

Occupation (or occupation before retirement): _____

Birthplace: _____ Years in Sonoma County: _____

Hobbies/Interests: _____

How did you hear about AAUW? _____

Education

College/University: _____ Month/Year of Graduation _____

City, State: _____

Major: _____ AA BA BS Other _____

College/University: _____ Month/Year of Graduation _____

City, State: _____

Major: _____ AA BA BS Other _____

Please circle activities of interest: Book club Dinner group Art Gallery tours Wine tasting Garden visits
News discussions Walking group Scholarship Awards STEM Program for middle school Special Events

New Member Dues effective for 12 months (National \$72, State \$20, Local \$34 & Nametag \$14)

Please return this application with a check for \$140.00 payable to AAUW

Mail to: Nancy Holt, AAUW Membership, 1458 Wikiup Dr, Santa Rosa, CA 95403

For questions about programs, events and activity groups, contact Nancy at 707/303-7779 or NLHolt2014@gmail.com.
Your \$140.00 check includes an annual directory of members, our monthly newsletter and a member nametag.