



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 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, 417 Hillsdale Dr, Santa Rosa, CA 95409

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.