



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

Dues effective for 12 months (National \$74, State \$30, Local \$34 & Nametag \$14).

Please return this application with a check for \$152.00 payable to: AAUW

Mail to: Susan Biggs, 4855 Medica Rd, Santa Rosa, CA 95405

For questions about programs, events and activity groups, contact Susan Dischler at 707/480-8364 or smedischler@comcast.net. Your \$152.00 check includes an annual directory of members, our monthly newsletter and a member nametag. Welcome to our Santa Rosa branch!