



AAUW Membership Application & Directory Information

Name _____ Phone _____ Cell/Home (circle one)

Address _____ City _____ Zip _____

Email _____

Preferred Contact Method: Email / Phone / Text (circle one)

Occupation _____ Retired YES NO

College/University Education:

School _____

School _____

Location _____

Location _____

Degree Earned _____

Degree Earned _____

Year _____

Year _____

Interests:

Please check all the committees or activities you are interested in being an active participant in.

Education/Scholarship Tuesday Book Club (2nd Tues) Books at the Blvd (2nd Thurs)

Fundraising

Booksale

Dining Club

Thirsty Thursdays

Golf Tournament

Public Policy

Programming

Write-Read-Write

Or please write about your interests: _____