

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN HEALDSBURG BRANCH

MEMBERSHIP APPLICATION

Name: (please print)	Date:		
First and Last Names preferred on name badge: (please	print)		
Address:	_ City: Zip:		
Phone numbers: (landline)	(cell)		
E-mail:	_Spouse/Partner's name: (optional)		
Education: College/University: AA BA BS Other:Year:	Location: _ Major:		
College/University:	Location:		
Graduate Degree:Year:Adri Adri Adri Adri Adri Adri Adri Adri	Major:		
College/University: Graduate Degree:Year:	Location: Major:		
Occupation/Retired From:			
How did you learn about Healdsburg AAUW? (If you lea please provide name.)	rned about Healdsburg AAUW from a current member,		
What are your interests within AAUW? Please check al Mission-Based Programs:	I that apply or are of interest.		
Community Services: Career Choices/Life Skills for h STEM Education for 8th-grade girls D Public Policy	igh school girls □ Reading Skills for young children □ issues □ Grants & Scholarships □		
<u>Committees</u> : Development □ Communications □ Social □ E	vents 🗆		
Social Activities/Other Interests: Book Club Bridge Cultural Events Great Forum Classes Hiking Event Volunteering Other Interests (please specify):	Decisions foreign policy discussion group □ Travel □		
Annual dues are \$125 for membership until June 30, 20			
Please send application and chec	k PAYABLE TO HEALDSBURG AAUW		

Attn: Membership, PO Box 1064, Healdsburg, CA 95448

A 1-year membership includes membership in the Healdsburg Branch, State and National AAUW organizations and an email subscription to our newsletter, *The Grapevine*. The tax-deductible portion of dues for 2024-25 is \$69.

For Office Use: Membership Year:	Date received:	Check:	