



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:** \_\_\_\_\_ **Location:** \_\_\_\_\_

☐ AA ☐ BA ☐ BS ☐ Other: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Graduate Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

**Occupation/Retired From:** \_\_\_\_\_

How did you learn about Healdsburg AAUW? (If you learned about Healdsburg AAUW from a current member, please provide name.) \_\_\_\_\_

**What are your interests within AAUW?** Please check all that apply or are of interest.

**Mission-Based Programs:**

Community Services: *Career Choices/Life Skills for high school girls* ☐ *Reading Skills for young children* ☐  
*STEM Education for 8th-grade girls* ☐ *Public Policy issues* ☐ *Grants & Scholarships* ☐

**Committees:**

Development ☐ Communications ☐ Social ☐ Events ☐

**Social Activities/Other Interests:**

Book Club ☐ Bridge ☐ Cultural Events ☐ Great Decisions foreign policy discussion group ☐  
Forum Classes ☐ Hiking ☐ Event Volunteering ☐ Travel ☐

Other Interests ☐ (please specify): \_\_\_\_\_

Annual dues are \$137 for membership as of June 1, 2025. Dues are subject to change at any time.

Please send application and check 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 2025-26 is \$74.

<b>For Office Use:</b> Membership Year: _____	Date received: _____	Check: _____
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