



BECOME A MEMBER OF AAUW

Join one of the most progressive, enterprising and exciting organizations working for education and equality for women and girls...

AAUW offers you

- Timely, thought-provoking programs and publications
- Advocacy for women and education at federal, state and local levels
- Post graduate access to thousands of dollars in fellowships and grants
- Professional networking and long-lasting personal friendships
- Leadership, funding and lobbying skills development

Date _____

Name: First _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone # _____

Email _____

College/University (start with undergrad degree) State Degree Year graduated

Maiden Name _____

Occupation – Current/Previous _____

How did you hear about AAUW? _____

Why are you joining? What is it about AAUW that appeals to you? (This information will help us present ourselves to prospective members)



New Membership Type: Check the type you are applying for. Checks & application get mailed to:
Minneapolis Branch AAUW, 2115 Stevens Ave, Minneapolis, MN 55404

___ New Membership – Minneapolis Branch: \$327
Includes your state & national membership (may be paid in three installments, \$127/ \$110/\$110)
(\$69 of national dues is tax deductible)

___ Student Affiliate Branch Membership: \$50

___ New Grad Membership:(within past 2 yrs.): \$75

Transfers from another branch. Will Minneapolis be your primary branch?_____ Membership Number _____
Branch, City, State_____

Please identify your skills and groups you might be interested in joining in our branch. Check all that apply.

SKILLS

___ accounting/finance
___ administration/leadership
___ audio visual/tech
___ business management/legal
___ computer/graphic arts
___ fundraising/development
___ marketing /promotion
___ performing & literary arts

Other skills?

YOUR INTERESTS

___ arrangements/hostess
___ community outreach
___ library
___ membership development
___ program (all programs are planned by
member committees)

Emergency Information

Name of Contact Person _____ Phone # _____

Relationship _____ Hospital _____

Doctor's Name _____ Phone # _____

AAUW Office: 612-870-1661 Membership Co-Chairs: Victor Barela vicbarrela@yahoo.com and Rae Beth Cornelius rae.cornelius@gmail.com