

## **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: Firstl	Middle	I	_ast	
Street Address				
City			Zip	
Preferred Phone #				
Email				
College/University (Associates degree)		<u>State</u>	<u>Degree</u>	Year graduated
College/University (start with undergrad	l degree)	<u>State</u>	<u>Degree</u>	Year graduated
Previous name(s)				
Occupation - Current/Previous				
How did you hear about AAUW?				
Why are you joining? What is it about Afourselves to prospective members)	AUW that app	peals to you? (	This information	will help us present

<b>New Membership Type:</b> Check the type you are applying Minneapolis Branch AAUW, 2	ng for. Checks & application get mailed to: 2115 Stevens Ave, Minneapolis, MN 55404		
New Membership – Minneapolis Branch: \$327 Includes your state & national membership (may \$110/\$110) (\$69 of national dues is tax deductib			
Student Affiliate Branch Membership: \$50			
New Grad Membership:(within past 2 yrs.): \$75			
<u>Transfers</u> from another branch. Will Minneapolis be yo	ur primary branch?		
Membership Number			
Branch, City, State			
Please identify your skills and groups you might be i that apply.  SKILLS	nterested in joining in our branch. Check all  YOUR INTERESTS		
accounting/finance	arrangements/hostess		
administration/leadership	community outreach		
audio visual/tech	community outreach		
business management/legal	library		
computer/graphic arts	membership development		
fundraising/development	program (all programs are planned by		
marketing /promotion	member committees)		
performing & literary arts			
Emergency Information			
Name of Contact Person	Phone #		
Relationship Hospital			
Doctor's Name	Phone #		
I give permission for Minneapolis AAUW to use my image on	the website  Signature. Date		