

AAUW advances equity for women and girls through advocacy, education, philanthropy, and research.

NEW MEMBER APPLICATION

Membership is open to those holding an associates, (or equivalent, eg. RN) bachelors or higher degree.

Students working toward a qualifying degree may become student affiliates

Please complete the information below for the Branch Directory:

| Name: | College: | | |
|---|-----------------------------|-------------|--|
| Address: | | | |
| City/State/Zip | Degree | | |
| Primary Phone | Year of Graduation | | |
| Alternate Phone | Occupation | | |
| Email | Retired? Yes No (Circle One |) | |
| If retired, what was your occupation? | | | |
| Have you been a member of AAUW in the | past? | | |
| If so, what branch? | When? | | |
| How did you hear about AAUW? Member? | Name? | | |
| Friend? Name? | | | |
| Newspape | er? Which One? | | |
| | lease be specific | | |
| Why did you decide to join Sunnyvale-Cupe | ertino AAUW? | | |
| Membership Categories: | | Circle One: | |
| Regular (\$72 National, \$20 State, \$21 Branch) | | \$113.00 | |
| Student Affiliate (\$18.81 National, \$20 State, \$21 Branch) | | \$59.81 | |
| | | | |
| Dual Member (\$21 Branch) \$21.00 | | | |
| Primary Branch: | | | |
| Life Member (\$20 State, \$21 Branch) | | \$41.00 | |
| Shape the Future (\$36.00 ½ Nation | \$77.00 | | |
| Total Dues: | | | |
| PLEASE COMPLETE REVERSE SIDE | | | |

| DIRECTORY yesno | D | | | |
|---------------------------|---|--|--|--|
| Please check the group | os you m | night want to join: | | |
| Community Action | n Proje | <u>ects</u> | | |
| [] Educational Opportu | ınity | [] Public Policy | [] Tech Trek | |
| [] Educational Equity | | [] Reproductive Rights | | |
| Interest Groups | | | | |
| • | [] Culinary Lunch Group [] Great Decisions [] Supper Club | | | |
| Do you need transport | ation to | meetings? Day _ | Evening | |
| Please let us know | w if yo | ou are interested ir | any of the following: | |
| [] Serving on a committee | | [] Involvement in Pro-Choice Activity | | |
| [] Helping with hospita | lity | [] Planning events | [] Providing transportation | |
| • | | v interest group not list | ed above? If so, what group(s) would you | |
| | | • • | Please indicate how many hours per month and | |
| What Topics would you | u like fea | atured at our general m | eetings? | |
| | | | | |

Mail this form with your check, payable to AAUW Sunnyvale-Cupertino to the following address:

Mary Bufton 2329 Price Way San Jose, CA 95124

Thank you and Welcome!