



**New Member Application 2018-2019
Membership Application**

Date of Application: _____

Name: (please print) _____

Address: _____

Home Phone: _____

E-mail: (please print) _____

Degree: _____ Major: _____

College: _____

Year: _____

Profession: _____

Work Status: Retired Full-time Part-time

Spouse/SO First Name (Optional) _____

Birthday MM/DD (Optional) _____

Personal Interests/Hobbies: _____

I prefer to be contacted by e-mail. I prefer to be contacted by phone

Computer Skills: Email _____ Word _____ Excel _____ Other _____

Grant Writing Experience _____

Referred by: _____

Combined Association Dues for 2018-2019 : \$103.00
[\$80 of dues is tax deductible]

AAUW National\$59.00 AAUW-CA.....\$20.00
Roseville-South Placer Branch.....\$24.00

Please mail Application and check for \$103.00
payable to AAUW to:

Dotti May, P. O. Box 1496, Lincoln, CA 95648

Official Use only: Date received: _____ Check: _____