



Application

- Membership is open to anyone with a bachelor's or higher degree from an accredited college or university or with an associate degree or RN from a qualified community or business college or hospital.
- Branch membership also includes affiliation to the national and state for 12 months from the start of your membership.
- For questions, please call Lora Finnegan at (510) 754-8879.

HANDBOOK INFORMATION

Name (first and last): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Email: _____

Birthday (month and day only): _____ Spouse or Significant Other (first name only): _____

I prefer to be contacted by: ☐ phone ☐ email

☐ I consent to receive branch communications by email.

EDUCATION & OCCUPATION

College or University: _____ State: _____

Degree Earned: _____

Graduation Year: _____

Occupation: _____ ☐ full time ☐ part time ☐ retired

MORE ABOUT YOU

Personal Interests: _____

Computer Skills (mark all that apply): ☐ Email ☐ Word ☐ Excel ☐ Other: _____

What branch activities interest you?

- | | | | |
|--|---|--|--|
| ☐ Gov Trek | ☐ Speech Trek | ☐ Tech Trek | ☐ Sierra College (leadership or scholarships) |
| ☐ Public Policy | ☐ Communications | ☐ Fundraising | ☐ High School Scholarships |
| ☐ Book Groups | ☐ Food/Wine | ☐ Games (Bridge, Hand and Foot, Mah Jongg, Mexican Train) | |
| ☐ Movies | ☐ Gardening | ☐ Networking | ☐ Neighborhood Groups |
| ☐ Membership | ☐ Other _____ | | |

Signature: _____ Date: _____

How did you hear about us? _____

Referring Member (if applicable): _____

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BREAKDOWN OF DUES

National	\$74.00	
California	\$30.00	
Roseville-South Placer Branch	\$24.00	
Total Dues	\$128.00	(\$98.00 is tax deductible)
Donation:	_____	(optional and fully tax deductible)
Total Amount:	_____	

Please make checks payable to AAUW or complete the credit card information below.

CREDIT CARD INFORMATION

Card Type: ☐ VISA ☐ MasterCard

Card Number: _____

Expiration Date: _____ CVV Security Code: _____

Name on Card: _____

Billing Zip Code: _____

Signature: _____

SUGGESTIONS FOR THE BRANCH

Please mail your completed form and payment to: AAUW Roseville - South Placer
Attn: Membership
P.O. Box 1174
Lincoln, CA 95648

