



2023 – 2024 New Member 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 includes affiliation to the national, state, and local branch levels for 12 months from the start of your membership.
- For questions, please call Lora Finnegan at (916) 408 – 2797.

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?

- | | | |
|--|---|--|
| <input type="checkbox"/> Speech Trek | <input type="checkbox"/> Tech Trek | <input type="checkbox"/> Sierra College (leadership or scholarships) |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Communications | <input type="checkbox"/> Fundraising <input type="checkbox"/> High School Scholarships |
| <input type="checkbox"/> Book Groups | <input type="checkbox"/> Food/Wine | <input type="checkbox"/> Games (Bridge, Hand and Foot, Mah Jongg, Mexican Train) |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Gardening | <input type="checkbox"/> Networking <input type="checkbox"/> Neighborhood Groups |
| <input type="checkbox"/> Other: _____ | | |

Signature: _____ Date: _____

How did you hear about us? _____

Referring Member (if applicable): _____

BREAKDOWN OF DUES

National	\$72.00	
California	\$20.00	
Roseville-South Placer Branch	\$24.00	
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Total Dues	\$116.00	(\$93.00 is tax deductible)
Donation:	_____	(optional and fully tax deductible)
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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: _____

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

