- 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 Jenny Griffin at (916) 409 5055.

HANDBOOK INFORMATION				
Name (first and last):				
Home Address:				
City:		State:	Zip:	
Phone:	i	Mobile Phone:		
Email:				
Birthday (month and day only): Sp		pouse or Significant	Other (first name only):	
I prefer to be contacted I	oy: \square phone \square email			
☐ I consent to receive bran	nch communications by ema	il.		
EDUCATION & OCCUPATION	N			
College or University:			State:	
Degree Earned:				
Graduation Year:				
occupation:				
MORE ABOUT YOU				
Personal Interests:				
Computer Skills (mark all th	 nat apply): □ Email □ W	ord □ Excel □ (Other:	
What branch activities inte				
☐ Speech Trek	☐ Tech Trek	☐ Sierra College (leadership or scholarships)		
☐ Public Policy	\square Communications	\square Fundraising	☐ High School Scholarships	
☐ Book Groups	\square Food/Wine	\square Games (Bridge, Hand and Foot, Mah Jongg, Mexican Train)		
☐ Movies	\square Gardening	\square Networking	☐ Neighborhood Groups	
☐ Other:				
Signature:			Date:	
How did you hear about us	?			
Referring Member (if applied	cable):			

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

CREDIT CARD INFORMATION	
Card Type: ☐ VISA ☐ MasterCard	
Card Number:	
Expiration Date:	
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

