- 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 (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?

☐ 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): _____

AAUW Roseville-South Placer is a 501(c)(3) tax-exempt (ID#46-2101647) non-profit charitable organization.

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April 2024

BREAKDOWN OF DUES

National	$72.00	
California	$20.00	
Roseville-South Placer Branch	$24.00	
Total Dues	$116.00	($93.00 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

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