

**2009-20010 AAUW
SANTA CLARITA VALLEY BRANCH**

NEW MEMBER APPLICATION



AMERICAN
ASSOCIATION OF
UNIVERSITY
WOMEN

(\$49.00 National, \$16.00 California, \$20.00 Branch = \$85.00)

Please print information

This form to be returned with your dues

NAME _____ TELEPHONE _____

STREET _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ SPOUSE/PARTNER _____

DEGREE/MAJOR/AA _____ From _____ Year _____

_____ From _____ Year _____

Present Occupation or previous (if retired) _____

Activities/Interests (clubs, organizations, volunteer positions, hobbies, etc.)

Please list any experiences/skills you have that might be helpful to the SCV Branch

Why are you joining AAUW? _____

Who encouraged you to become an AAUW - SCV member? _____

AAUW Background (Please list previous positions held if transferring or renewing)

Branch _____ Board Position _____

Interest Chair _____ Committees _____

Do you have any interest in serving as a future AAUW Board Member? Yes _____ No _____

Please return this form with your check (payable to AAUW) to:

R. Corona-Nickerson P.O. Box 802495, Valencia CA 91380.

Thank you!