

## Join AAUW

( ) Yes, I want to join Santa Rosa branch of AAUW for \$89.

( ) Yes, I want to make the right connection as an AAUW student affiliate for \$41.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

College/University \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

Degree earned/sought \_\_\_\_\_ Major \_\_\_\_\_

Degree earned \_\_\_\_\_ Major \_\_\_\_\_

Degree earned: \_\_\_\_\_ Major \_\_\_\_\_

Year graduated/anticipated \_\_\_\_\_

Any person may join who holds an associate or equivalent, baccalaureate, or higher degree from a qualified educational institution.

Please make out your check to AAUW—Santa Rosa and return this application with the check to

AAUW  
6347 Meadowridge Drive  
Santa Rosa, CA 95409