



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

Lubbock Betty Anderson Branch (TX7046)

"Empowering Women Since 1881"

Membership Form

Membership in the American Association of University Women (AAUW) is open to anyone holding an associate or equivalent (RN), baccalaureate, or higher degree from a regionally-accredited college or university. Your membership makes AAUW's powerful voice even stronger on critical issues affecting women and girls.

Annual fee is \$97 (\$74 National, \$13 state, \$10 branch).

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE () _____

EMAIL ADDRESS (please print carefully) _____

Write YES if you prefer we place only your name, degree(s), & email address in the
_____ Directory

For mail correspondence, please use my _____ home address _____ work address

For phone calls, please use my _____ home ph _____ cell ph _____ work ph

Please send this completed form along with your check made payable to **AAUW Lubbock** to:

Alisan Sweet, Treasurer
3006 23rd Street
Lubbock, TX 79410

Questions? Contact Alisan Sweet at 405-808-1372 or by email at aauwlubbocktx@gmail.com

Treasurer's Use Only

Dues Amount Paid _____

Date dues and form received by Treasurer ____/____/____

Treasurer's Initials _____

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DIRECTORY INFORMATION

IF YOU ARE A NEW MEMBER OR IF ANY OF YOUR MEMBERSHIP INFORMATION HAS CHANGED, COMPLETE THE DIRECTORY INFORMATION.

PLEASE COMPLETE EVEN IF YOU DO NOT WANT YOUR INFORMATION IN THE DIRECTORY.

Do you want your information printed in the member directory? ____ Yes ____ No

REQUIRED INFORMATION IN RED

NAME: (please print) _____

BIRTHDAY: Month _____ Day _____

DEGREES: List the degrees you hold, the dates conferred, and the granting institutions:

Degree	Date Conferred	University/College Name & Location

CAREER INFORMATION: Please list your job title, place of employment, and any career information or history you would like to share:

Are you retired? ____ Yes ____ No

YEAR YOU JOINED AAUW: (New members give Month, Day, and Year) _____

Do you have anything else you'd like to share?

Other Places You Have Lived:

Special Interests, Hobbies, Talents, Other Organizations:

Other Information You Would Like to Share (spouse, children, pets, etc.):

How Can You Be an Integral Part of the AAUW Lubbock Branch?

I would like more information about AAUW Activities. _____