

**AAUW BALLWIN-CHESTERFIELD (MO) BRANCH
MEMBERSHIP APPLICATION FORM**

NAME _____ **DATE JOINED** _____

Last

First

Middle Initial

ADDRESS _____ STATE _____ ZIP _____

EMAIL _____

PHONE (area code first) _____ Cell Phone _____

DEGREES: (4-year degree, Associate's degree or equivalent degree required for membership)

College/University _____

Degree _____ Date _____ City/State _____

College/University _____

Degree _____ Date _____ City/State _____

College/University _____

Degree _____ Date _____ City/State _____

Previous AAUW Membership _____ Office Held _____

Current Dual Membership _____

Who told you about our branch? _____

OCCUPATIONAL STATUS/INFORMATION (Fill in all that apply)

Profession _____

Current status/employer _____

INFORMATION ABOUT YOU – hobbies, interests, pastimes _____

Skills or talents that would benefit our branch _____

Please make your membership check payable to AAUW, and write "dues" in the memo line. Dues for 2023-24 are \$104: \$72 for national, \$10 for state and \$22 for Ballwin-Chesterfield. Sixty-nine dollars of the national dues are tax deductible.

Member's signature _____

Please return this form with your check to: April Walgren, 11914 Shallow Brook, St. Louis MO 63146
(314-569-3062 awalgren@msn.com)