



**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 Skills, talents that would benefit our branch (e.g. MS Excel, web design, audio/visual technology)

Hobbies, interests, pastimes _____

Date of birth (mm/dd) _____

Member's signature _____

Please return this form to:
April Walgren, 11914 Shallowbrook Drive, St. Louis, MO 63146 (Email: agwalgren@gmail.com)