



Grosse Pointe Branch – New Member Information Form

First Name	Middle Initial	Last Name
Address (number and street)		
City	State and Zip Code	
Home Phone:		
Work Phone:		
Cell Phone:		
E-Mail Address:		
Have you been a member of AAUW in the past? No ___ Yes ___ Branch _____ Years _____		
College _____ Degree _____ Year _____		
College _____ Degree _____ Year _____		
College _____ Degree _____ Year _____		
Regular Membership Category:	Dues: \$ 86 (Branch \$15, State \$12, National \$59)	\$86.00
Please make check payable to AAUW GP . Send form and check to: Joanne Johnson, AAUW GP Membership 9444 Camley Detroit, MI 48224 MI		
Questions: Contact Joanne Johnson, AAUW GP Membership, jj71944@gmail.com 313-642-1130		

I would like to become involved with the following:

Interest Groups	Yes	No	Comments
Serving on the Board	Yes	No	Comments
Serving on a Committee	Yes	No	Comments
Program Planning	Yes	No	Comments
Membership	Yes	No	Comments
Fund Raising	Yes	No	Comments
Other			

My background is

My interests are

Something else about me is

I would like to join AAUW because

Additional Comments: