



COMMUNITY ASSOCIATE APPLICATION

AAUW GP welcomes you as a COMMUNITY ASSOCIATE member. COMMUNITY ASSOCIATES participate as Interest Group and committee members and can Chair any standing committees of the Board. They also participate in AAUW GP Branch activities and events. When a COMMUNITY ASSOCIATE earns a degree, s/he becomes an AAUW GP Branch affiliate member, an AAUW MI member, and an AAUW National member. The affiliate member will be assessed the additional state and national dues and will gain all additional affiliate member privileges.

First Name:	Middle Initial:	Last Name:
Address: (Number and Street)		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Have you been a Community Associate of AAUW in the past? ____ Yes ____ No		
If yes, in what branch and for how many years?		
Education:		
Birth Date: (Month and Day)		
\$ ____ Branch Dues: \$13 Enclosed		

DONATIONS: (Optional):

The AAUW Grosse Pointe Education Program is a 501(c)(3) organization; any donation is tax-deductible. Please make a separate check payable to The AAUW Grosse Pointe- Education Program.

Local SCHOLARSHIP Fund: \$ _____

STEAM Projects: Robotics \$ _____ Art Contest/ Exhibit \$ _____

Not Designated: \$ _____

TOTAL Amount Enclosed: \$ _____

Send the completed membership form and check to:
AAUW-GP
32 Lake Shore Dr.
Grosse Pointe Farms, MI 48236

Questions? Please email us at aauwgp@gmail.com

I would like to become involved with the following:

_____ Interest Groups

_____ Serving on a Committee

_____ Membership Committee

_____ Program Planning

_____ Fundraising

_____ Other

If other, please explain:

My background is:

My interests are:

I am joining AAUW because:

Other comments:

You will be invited to attend an AAUWGP Orientation in the first year of your membership.

WELCOME TO AAUW GP

Your personal information is confidential and will be used for membership purposes only.