

**New AAUW SEV Branch Member
Membership Form & Survey (Please Print)**

Name _____ **Today's Date:** _____

Cell: _____ Home Phone: _____

Email address: _____

Address: _____

Colleges/universities attended, degree, and year received:

Current/prior profession(s): _____

How did you hear about us? _____

Participation and involvement keep our AAUW branch vital. There are many ways you can contribute to our branch success. This survey will help us match you up with opportunities that fit your interests and availability.

Areas of AAUW in which I am Interested: (Check all that apply!)

<input type="checkbox"/> Communications/publicity	<input type="checkbox"/> Leadership
<input type="checkbox"/> Education & Scholarship	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Membership & Outreach	<input type="checkbox"/> Community Action
<input type="checkbox"/> Programs around AAUW goals	<input type="checkbox"/> Other (please list):
<input type="checkbox"/> Public Policy	_____

My Skills:

<input type="checkbox"/> Advocacy/Public Policy	<input type="checkbox"/> Public speaking
<input type="checkbox"/> Communications	<input type="checkbox"/> Education
<input type="checkbox"/> Publicity	<input type="checkbox"/> Social media
<input type="checkbox"/> Event planning/programming	<input type="checkbox"/> Team building
<input type="checkbox"/> Finance/budgeting/accounting	<input type="checkbox"/> Web design and maintenance
<input type="checkbox"/> Leadership development	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Marketing & Recruitment	_____

Please return completed survey to aauw.sev.az@gmail.com

Please visit our website at: <http://southeastvalley-az.aauw.net/>
Annual Dues for 2024 - 2025 are \$103 (National \$72, State \$9, Branch \$22).