



## New Member – Membership Form and Survey

Name

Today's Date:

Cell:

Home Phone:

Email address:

Address:

College/university attended

Degree

Year rcvd

College/university attended

Degree

Year rcvd

College/university attended

Degree

Year rcvd

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's success. This survey will help us match you up with opportunities that fit your interests and availability.*

***(Check all that apply!)***

**I am interested in these areas of AAUW:**

Communications/publicity  
Education & Scholarship  
Membership & Outreach  
Programs around AAUW goals  
Public Policy  
Leadership  
Fundraising  
Community Action  
Other (please list):

**My skills:**

Advocacy/Public Policy  
Communications  
Publicity  
Event planning/programming  
Leadership recruitment  
Development/ Marketing  
Education  
Social media  
Team building  
Web design and maintenance  
Other (please list):

## AAUW SEV RELEASE FORM

I hereby grant the following permission(s) to AAUW SEV (American Association of University Women - Southeast Valley) Branch:

- |     |    |                                                                                                            |
|-----|----|------------------------------------------------------------------------------------------------------------|
| Yes | No | To use my photo and/or video in publications.                                                              |
| Yes | No | To use my photo and /or video on social media (such as Facebook).                                          |
| Yes | No | To use my photo/video on the AAUW SEV website.                                                             |
| Yes | No | To use my name and email address in the Branch Directory on the members only side of the AAUW SEV website. |

I understand that it is my responsibility to avoid being photographed and will alert the photographer of my wishes if I decline.

I have read this release and acknowledge that I am signing the release freely and voluntarily:

Printed Name:

Signature:

Date:

Please return completed survey to Corrine Gresen, [cgresen@gmail.com](mailto:cgresen@gmail.com).

If you have questions, please call Corrine Gresen at 414-217-7706;  
or visit our website at: <http://southeastvalley-az.aauw.net/> **2025-2026**

**Membership Annual Dues:**  
**\$105** (National \$74, State \$9, Branch \$22).