



## MEMBERSHIP FORM AAUW Long Beach Branch

**Membership dues vary by situation. Details can be found at [aauw-longbeach.org/membership](http://aauw-longbeach.org/membership).**

Mail this form to:    AAUW Long Beach Branch    Please make out your check to AAUW  
                                 P.O. Box 15023                                    and include it with your  
                                 Long Beach, CA 90815                                   Membership Form

Membership in AAUW LB is open to anyone with an associate's degree or higher from an educational institution with full regional or appropriate professional association approval. Student Affiliates are eligible if they are enrolled in an associate's degree program at an educational institution with full regional or appropriate professional association approval.

<b>Contact Information</b>		
First Name: _____		M.I.: _____
Last Name: _____		
Address 1: _____		
Address 2: _____		
City: _____	State: _____	Zip: _____
Phone (H): _____	Phone (C): _____	
Email: _____		

<b>Other Information</b>
College/University: _____
Degree Obtained/Sought: _____
Year Earned/Anticipated Graduation: _____
Employed Position (or Retired): _____
Company (or former profession): _____

Please see other side/second page for additional information...



**MEMBERSHIP FORM (continued)**  
**AAUW Long Beach Branch**

**Diversity & Inclusion**

*Ethnicity:*

American Indian/Alaska Native    Asian    Black/African American    Hispanic  
 Native Hawaiian/Pacific Islander    White    Other

*Generational designation:*

Lucky Few (1925-42)    Baby Boomer (1943-62)    Gen X (1963-82)  
 Millennial (1983-2002)

**Tell us about yourself!**

In what other volunteer activities and organizations are you involved?

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Do you hold, or have you held, a leadership position in any of these organizations? Please describe.

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Have you ever been an AAUW member? Yes  No

If Yes, under what name? \_\_\_\_\_ Name of former branch \_\_\_\_\_

Would you be willing to receive the branch newsletter via email? Yes  No

**Please sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Typed-in is acceptable)