



# American Association of University Women Boulder, Colorado Branch Membership Form

**CURRENT DATE** \_\_\_\_\_

**MEMBERSHIP #** (for Transfers & Members at Large) \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle

**ADDRESS** \_\_\_\_\_  
Number Street City Zip Code

**TELEPHONE:** Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**SPOUSE'S/PARTNER'S NAME** \_\_\_\_\_

UNIVERSITY(IES) ATTENDED	Field(s) of Study	Date(s)	Degree(s)

### OCCUPATIONAL INFORMATION

Job Title/Employer \_\_\_\_\_

Retired from \_\_\_\_\_ Homemaker \_\_\_\_\_

### VOLUNTEER ACTIVITIES/PERSONAL INTERESTS

\_\_\_\_\_  
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\_\_\_\_\_  
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(over)

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Please return this form with dues (make checks payable to Boulder AAUW) to:  
Ann Smith  
857 Hoover Ave  
Louisville, CO 80027-2294

OR email this form to Ann Smith at [smithannah@aol.com](mailto:smithannah@aol.com)  
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