



AAUW ASHEVILLE NEW MEMBER APPLICATION 2024-2025

Name _____ Date _____

Address _____ City _____ Zip _____

Phone Number _____ Alternative _____

Please indicate type (H) (W) (C)

Email _____ Birthday (M/D) _____

Education:

College/University _____ Degree _____

Month/Year _____ Field of Study _____

College/University _____ Degree _____

Month/Year _____ Field of Study _____

College/University _____ Degree _____

Month/Year _____ Field of Study _____ Degree _____

I am interested in participating in the following committees or special interest groups (check as many as you like):

SPECIAL INTEREST GROUPS (SIGs):

___ Book Discussion Groups

___ Film Discussion Groups

___ International Dining

___ Lunch Bunch

___ Art Museum Tours

___ Current Events

COMMITTEES:

___ Advocacy/Public Policy

___ Membership

___ Program

**Please let us know other interests,
such as serving on the AAUW Board of Directors:**

GEM SCHOLARSHIP INFORMATION:

___ AAUW-Asheville GEM Scholarship Information

Please make your \$96.00 check payable to AAUW-Asheville and mail with the application to:

**AAUW Asheville
4B Long Shoals Rd #135
Arden, NC 28704**

Referred by: _____

Revised June 2024