



## Sheboygan (WI) Branch- Membership Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of birth: MM/DD/(Year Optional) \_\_\_\_\_

College/University: \_\_\_\_\_

Degree earned: \_\_\_\_\_

**Study Groups** – Please check any that interest you. (More information about each is available on our website.)

Book Review – Afternoon

Global Connections

Book Discussion – Evening

What Women Want

Diversity/Equity/Inclusion and Public Policy

Make check payable to **AAUW**.

Mail check and application form to:

AAUW Sheboygan  
P.O. Box 244  
Sheboygan, WI 53082-0244