



## Membership Application

### Personal Information

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

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Highest Degree Earned: \_\_\_\_\_

\*\*\*\*\*

**Study Groups** – Please check any that interest you. (More information about each is on our website. [//sheboygan-wi.aauw.net](http://sheboygan-wi.aauw.net).)

\_\_\_\_\_ Book Review – Afternoon      \_\_\_\_\_ Global Connections

\_\_\_\_\_ Book Review – 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