



Greater Richmond Branch of AAUW Membership Application

* indicates a required field	
Date of Application://	
Last name:	*First name:
Street address:	Street address line 2:
City:	State: <u>VA</u> *Zip code:
Phone numbers: C H	*Member e-mail:
Emergency contact phone:	Birthday(not yr):/
Increditor contact prioric.	
Did a GRAAUW member invite you? If	
	so, who? Prior member elsewhere? If so, where? whe
Did a GRAAUW member invite you? If School(s) attended and degree(s) earn	so, who? Prior member elsewhere? If so, where? whe
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Did a GRAAUW member invite you? If School(s) attended and degree(s) earn Join one of our Interest Groups:	Please check any talents/skills you'd like to share Social Media Public Speaking
Did a GRAAUW member invite you? If School(s) attended and degree(s) earn Join one of our Interest Groups: Book Group – Day Book Group – Eve	Please check any talents/skills you'd like to share Social Media Public Speaking Web Site Mgmt Accounting
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Did a GRAAUW member invite you? If School(s) attended and degree(s) earn Join one of our Interest Groups: Book Group – Day Book Group – Eve Gourmet Group Lunch Bunch	Prior member elsewhere? If so, where? wheneed: Please check any talents/skills you'd like to share social Media Public Speaking Web Site Mgmt Accounting Newsletter Political Activism Marketing/PR Govt Relations





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In a few words (150-300), please tell us about you: your background, your education, your profession, your family, your hobbies.

Type below:

The information above will be part of our **Member Biographies**, printed on-line in our **Members Only** section [login]. **Please include a head photo, if available.**



Save your application to your computer