

AAUW Defiance (OH) Membership Application

(Please Print)

Last Name: _____

First Name: _____ MI _____

Spouse/Partner Name: _____

Maiden Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Date of Birth (month/day): _____

College/University: Campus Location: _____

Degree(s): Year Graduated: _____

Major(s): _____

Additional College/University/Degree/Year/Major: _____

Previous AAUW Membership: Yes _____ No _____ Branch: _____

Name used if different than above: _____

Dates of Previous Membership: _____

Student Affiliate Applicants Only: College Attending _____

Years Completed: _____



Return to AAUW Defiance PO Box 483 Defiance, Ohio 43512