

 **SACRAMENTO BRANCH**

**2019-2020 MEMBERSHIP RENEWAL APPLICATION**

Renewal Deadline: **June 1, 2019**

Dir.

The information in this box will appear in the Directory. **After entering your name, OK to write “no change”** f**or contact info,**

Birth year (optional)

Name: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ **Please also complete the** **Branch survey on the back.**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (1): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (2): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate** ‘c’ for cell and ‘h’ for home numbers. **Phone 1** will be listed **first** in the Directory.

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE | MEMBERSHIP DESCRIPTION | DUES | TOTAL |
| MOB | **Member of Branch**: Pays National ($59), State ($20) and Branch ($20) dues | $99.00 | $\_\_\_\_\_\_ |
| MBL | **Paid Life Member**: Pays State ($20) and Branch ($20) dues | $40.00 | $\_\_\_\_\_\_ |
| DUAL | **Dual Member**: Are you a member of another branch? If yes, you pay Branch dues  only ($20) ***What is your Primary Branch Name?*** | $20.00 | $\_\_\_\_\_\_ |
| MBHL | **Honorary Life Member**: (National and State dues are waived.) Branch dues **optional** ($20) **Please** return this form to verify your contact information. | $20.00 | $\_\_\_\_\_\_ |
| SAF | **Student Affiliate:** (Undergraduate student enrolled in a regionally accredited educational institution.) Pays National ($18.81), State ($10) and Branch (0) - may not vote or hold office. | $28.81 | $\_\_\_\_\_\_ |
| DONATIONS  \* See your green copy  for  descriptions | **Please refer to the enclosed green sheet (pg. 3, to be retained by you) for National Fund donations, and list them below by number, with the amount you wish to donate.**  **↓** | Total from area at left→ | $\_\_\_\_\_\_ |
| DONATION | **February 2020 Branch 100th Anniversary Celebration (to help defray expenses)** |  | $\_\_\_\_\_\_ |
| DONATION | **Send an AAUW CSUS girl to Nat’l Conf. for College Women Student Ldrs. (bottom pg 4.)** |  | $\_\_\_\_\_\_ |
| DONATION | **Scholarships** |  | $\_\_\_\_\_\_ |
| DONATION | **Speech Trek** |  | $\_\_\_\_\_\_ |
| DONATION | **Tech Trek** |  | $\_\_\_\_\_\_ |
| DONATION | **General Branch Account** |  | $\_\_\_\_\_\_ |
| DONATION: | **Branch Dues Assistance Fund** |  | $ \_\_\_\_\_\_ |
|  | **Credit card users: suggested donation to cover branch costs: $3.00** |  | $\_\_\_\_\_\_ |
|  | **TOTAL DUE:** |  | $ \_\_\_\_\_\_\_\_ |

Please mail payment, application and survey to:

Sharon Anderson, AAUW Membership Treasurer

9045 Thilow Drive

Sacramento, CA 95826

If questions, call Sharon: 916-396-9790

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only: PMark\_\_\_\_\_\_\_\_\_\_\_\_

Chk #\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dep#\_\_\_\_\_\_\_\_

Choose 1: Check enclosed $\_\_\_\_\_\_\_\_\_\_\_\_ (to AAUW Sacramento)

OR: Credit card: Total to be charged: $\_\_\_\_\_\_\_\_\_\_

Credit card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_ CVS:\_\_\_\_\_\_\_\_\_\_ Billing zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on card (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SACRAMENTO BRANCH**

2019 – 2020 Membership Renewal Survey

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What suggestions do you have for any programs or interest groups you would like the branch to offer?

2. Which branch committees would you like to participate in? (Please indicate below - see our website for program details.

Sacramento-ca.aauw.net)

| \_\_\_\_\_\_AAUW Funds | \_\_\_\_\_\_Public Policy |
| --- | --- |
| \_\_\_\_\_\_Fundraising | \_\_\_\_\_\_Scholarships |
| \_\_\_\_\_\_Membership | \_\_\_\_\_\_Speech Trek |
| \_\_\_\_\_\_Programs and Events | \_\_\_\_\_\_Tech Trek |

3. In what other ways would you like to become more involved in our branch? For example, please indicate if you could help in any of the following areas:

* Be a greeter or volunteer at branch events
* Provide refreshments for a branch event
* Provide financial assistance for Sac State AAUW members and recipients of branch outreach programs to attend a branch event when a cost is involved (upon a request from the branch).
* Serve as newsletter editor
* Write articles for the branch newsletter
* Be a proofreader for the newsletter and/or directory
* Be a branch photographer
* Work on/provide support for the branch website
* Work on leadership development activities for the branch
* Do you have an interest in serving on the Board?
* Do you need transportation to meetings?
* Are you available to provide transportation to members needing a ride to meetings?
* Other skills you would like to offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Other Suggestions / Comments

THANK YOU FOR YOUR FEEDBACK AND PARTICIPATION