

American Association of University Women Guest/Referral List



Branch name/state _____ Branch code _____ Date _____
 Activity (circle one) Transitions Voter Education Sister-to-Sister Other (describe) _____

(circle one) Ms./Mr.
 Name _____
 Address _____

 City _____
 State _____ ZIP _____
 Phone (____) _____
 E-mail _____
 Education
 High school graduate College student
 Associate's degree College graduate
 Graduate degree or above

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 Address _____

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 State _____ ZIP _____
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 E-mail _____
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 Associate's degree College graduate
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Submit this form with the referral form and Association dues to the AAUW Membership Department, 1111 Sixteenth St. N.W., Washington, DC 20036. Photocopy this form as needed.