



Durango/SW Colorado Branch New Member Registration

First Name _____ Last Name _____

Nickname _____ Birthday _____
(month & day only)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____

Phone (cell) _____

E-mail (H) _____ E-mail (W) _____

Undergraduate Degrees, Institution (name & location) and Year:

Graduate Degrees, Institution (name & location) and Year:

I would be interested in helping with (circle): Scholarships, Programs, Membership,
Public Policy, Communications, Other: _____

Annual dues: \$99 payable to Durango AAUW
[Nat'l/State/Branch]: [\$74/\$10/\$15]

Please return completed form with your check to:

Sharon Powers

14 Salt Brush St.
Durango, CO 81301

d-AAUW 2025 New member Registration form