Farmers Branch Carrollton AAUW Member Data Form

Name	home phone
Address	work phone
City, State, Zip	cell phone

Email:

Birth date: (yr not necessary!)

Degrees: (university, year of degree, major)

Employed at/as:

Family:

Hobbies and Interests:

AAUW Areas of Interest: (check as many as you want)

_____Membership
_____Program
_____Fundraisers
_____Social
_____Communication
_____STEM related projects