

Allied Arts Guild Auxiliary
benefitting
Lucile Packard Children's Hospital at Stanford

Membership Application

Date: _____

Name: (What you prefer to be called.)

Name: (How your name should be written for mailings.)

Street Address: _____

City, State, Zipcode: _____

Phone: (enter any that apply)

Home: _____ Work: _____

Cell: _____ Fax: _____

Email address: _____

[OPTIONAL] Birthday: (Month and Day) _____

[OPTIONAL] Maiden Name: _____

[OPTIONAL] Spouse's Name: _____

Occupation[s]: _____

Schools/Colleges Attended: _____

After completing both pages of this application, please return to:

Allied Arts Guild Auxiliary
75 Arbor Road
Menlo Park, California 94025
Attention: Membership

Previous Volunteer Work and Affiliations with other Volunteer Organizations: _____

Please list any AAGA members that you know: _____

Why would you like to become an AAGA member? _____

Work Style: (Check all that apply.)

- work alone work in small groups work in large groups
 prefer to lead prefer to follow

Other: _____

Working Interests: (Check all that apply.)

- Music Painting Ceramics Jewellery Making
 Gardening Cooking Sewing Floral Arranging
 Preserving Knitting Quilting Needlepoint

Others: _____

Computer Skill Level: (Choose one.) Whiz! Comfortable Neophyte

Proficient with: (Check all that apply.)

- email Internet search word processing spreadsheets
 database web design facebook graphics

Writing Experience: (grants, technical, newsletter, creative, poetry, etc.) _____

Accounting Experience: (bookkeeping, accounting, budgets, finance, investments) _____

Personal Goals:

- board position committee chair work on committee[s]