**Branch Name:**

**President/Administrator**

Name:

Address:

Phone:

Email:

**Director for Programs**

Name

Address

Phone

Email:

**Director for Membership**

Name:

Address:

Phone

Email

**Director for Finance**

Name

Address

Phone

Email

**Director for Public Policy**

Name

Address

Phone

Email

**Director for Communications**

Name:

Address:

Phone:

Email:

**Co-President**

Name:

Address:

Phone:

Email:

**Co-Director for Program**

Name:

Address:

Phone:

Email:

**Co-Director for Membership**

Name:

Address:

Phone:

Email:

**Co-Director for Finance**

Name:

Address:

Phone:

Email:

**Co-Director for Public Policy**

Name:

Address:

Phone:

Email:

**Co-Director for Communications**

Name:

Address:

Phone:

Email:

**Director for Development-AAUW Funds**

Name:

Address:

Phone:

Email:

**Secretary**

Name:

Address:

Phone:

Email:

**Additional Officers:**

**Position:**

Name:

Address:

Phone:

Email:

**Position:**

Name:

Address:

Phone:

Email:

**Position:**

Name:

Address:

Phone:

Email:

**Branch Website Address:**

**Branch Facebook Page:**

**Branch Twitter Handle:**

**Branch Instagram Page:**

**Please return form by July 1**

**To:**

[**aauwflbholt@gmail.com**](mailto:aauwflbholt@gmail.com)

**aauwflbaird@gmail.com**