



BRANCH OFFICER FORM

111Sixteenth Street, NW
Washington, DC 20036
Fax: 202/861-8068

- Deadline** POSTMARKED NO LATER THAN JUNE 1st. Delaying the return of this form may result in delayed/non receipt of important mailings. Additional officer information may be sent after the June 1 deadline. Officer forms not received will be included in the Delinquent Branch listing sent to Board, State, and Regional officers.
- Recipients** This form is mailed annually to the current president. If your term is ending, please assist the new president in completing this form and the Officer Change Form for submitting officer changes throughout the year.
- Job Clarification** The officer who should receive the dues information should be recognized under Finance. For Educational Foundation, list the person who can best work with those materials
- Assistance** Contact HELPLINE at 800/326-AAUW (2289) or helpline@aauw.org

DATE: _____ BRANCH NAME: _____ BRANCH CODE: _____

<p>1. PRESIDENT (CHAIR) New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>5. EDUCATIONAL FOUNDATION New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>2. PROGRAM New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>6. PUBLIC POLICY New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>3MEMBERSHIP New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>7. COMMUNICATIONS New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>4. FINANCE New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>8. DIVERSITY New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>

**FORWARD A COPY TO: TONI HOFFMAN
1254 PINE GROVE DRIVE
EASTON, PA 18045**

AND ANOTHER COPY TO AAUW MEMBER RECORDS AT THE ABOVE ADDRESS

<p>9. LEGAL ADVOCACY FUND New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>14. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>10. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>15. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>11. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>16. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>12. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>17. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>
<p>13. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>	<p>18. OTHER New _____ Continuing _____</p> <p>ID No. _____ Term Expiring _____</p> <p>Name (first) _____ (last) _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p>E-mail _____ Fax _____</p>

The 1995 AAUW Charter and Bylaws require the first seven functions. Labels can be provided for positions 1-9.

FORWARD A COPY TO YOUR STATE PRESIDENT AND THE ORIGINAL TO AAUW MEMBER RECORDS