



REQUEST FOR FORMATION OF AN AFFILIATE*

The undersigned hereby request AAUW to officially form a new AAUW affiliate to be called:

_____. The affiliate will be in
(Ex. AAUW _____ Branch, AAUW _____ Chapter)

_____ (State), the city/area of
_____.

Type of Entity: ☐ 501(c)(3) ☐ 501(c)(4)

The contact person for the Affiliate is: _____
Print Name

Address City State Zip Code

Phone number Email address

The following steps have been completed:

- ☐ 1. Affiliate organizers have read AAUW Policy 201 *Creating and Naming AAUW Affiliates*.
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- 2. Three to five graduates qualified for AAUW membership have been recruited and will serve as the board of the affiliate specifically the president/administrator and finance officer are required.
- 3. Spoke with AAUW National staff and discussed the mission and programs of the AAUW.
- 4. AAUW National has informed the affiliate or affiliates in the area from which the new group will be drawing membership. As well as, the State President/Administrator, Membership Vice President, and Finance Officer have been notified.

Submitted by: _____
(Signature) Date Member ID

Please return signed form to the Membership Department, 1310 L St NW, Suite 1000, Washington, DC 20005 or branchrelations@aaup.org or fax to 202/861-8068.

***AAUP Affiliates** are defined as branches, states, and YWTF chapters.

January 2018