

# **Affiliate Annual Report**

Name of Branch

Name of Person Completing the Report

Branch Position of Person Completing the Report

Street Address

City, State, Zip

Phone Number       Email

**Highlights from the Year**

|  |  |
| --- | --- |
| **Month** | **Highlights (Branch Activities, Programs, Events, etc.** |
| **June 2023** |       |
| **July 2023** |       |
| **August 2023** |       |
| **September 2023** |       |
| **October 2023** |       |
| **November 2023** |       |
| **December 2023** |       |
| **January 2024** |       |
| **February 2024** |       |
| **March 2024** |       |
| **April 2024** |       |
| **May 2024** |       |
| **June 2024** |       |

**Needs/support (things we’re struggling with, assistance needed from AAUW of Michigan)**

**What was your greatest success this year?**

**SUBMISSION DEADLINE: June 1, 2024**

**Submit to:**

**Leah Monger, State Services Manager**

**19060 200th Avenue**

**Big Rapids, MI 49307**

**StateServices@aauwmi.org**