



American Medical Women's Association
The Vision and Voice of Women in Medicine since 1915

AMWA BRANCH ANNUAL REPORT FORM

Date:

Branch (city and branch number if known):

Key contact: (name and position):

Email:

Phone:

Address:

AMWA member?

President:	Email:	Yes	No
Treasurer:	Email:	Yes	No
Secretary:	Email:	Yes	No
Other:	Email:	Yes	No
Other:	Email:	Yes	No
Other:	Email:	Yes	No

List branch activities for the past year:

Please submit an updated AMWA branch member list via an Excel spreadsheet.