



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	_____ e-mail: _____	Y	N
Treasurer	_____ e-mail: _____	Y	N
Secretary	_____ e-mail: _____	Y	N
Other	_____ e-mail: _____	Y	N
Other	_____ e-mail: _____	Y	N
Other	_____ e-mail: _____	Y	N

List Branch Activities for the past year:

Please submit an updated AMWA Branch member list via the excel spreadsheet.