

Student Chapter Officers

Chapter Name: _____

Faculty Advisor: _____

***Faculty Advisor must be a current AAWD Member.*

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail: _____

President: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail: _____

Vice

President: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail: _____

Secretary: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail: _____

Treasurer: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

E-Mail: _____

Number of members in the chapter: _____

Date submitted: _____

Please provide an annual copy of this form to AAWD Chapter Services at
Britany.Kinsey@internationalamc.com