



AAUW AFFILIATE* NAME CHANGE REQUEST FORM

AAUW Affiliate* Information

The _____
(AAUW Affiliate name) (Affiliate code) (EIN Number)

has voted to change its name to _____.
(Proposed AAUW Affiliate name)

The name change is requested for the following reason(s):

Submitted by

Signature of Affiliate President/Administrator

Printed Name of Affiliate President/Administrator

Date

The following steps have been completed:

- ☐ The Affiliate leadership has read AAUW Policy 201 *Creating and Naming AAUW Affiliates*
- ☐ The State has been informed of the affiliate's name change.

The following must be submitted to AAUW within 30 days of notification of the name change approval by the AAUW Board of Directors.

- ☐ An affiliate agreement bearing the new name
- ☐ An EIN number and tax determination letter bearing the new name
- ☐ Bylaws bearing the new name
- ☐ For incorporated affiliates a name change amendment and any other required documents must be filled with the affiliate state of domicile must also be submitted to AAUW.

The requesting AAUW Affiliate forwards this document to the national office. You may mail or scan and email or fax this document to:

AAUW Advancement and Partnerships
c/o: Branch Relations
1310 L St. NW, Suite 1000
Washington, DC 20005

Email: branchrelations@aauw.org

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