

**AAPAW Member Questionnaire
Organization
(to be completed by Organization Leader or designee)**

In an effort to better understand and coordinate between AAPAW alliance members, please provide the following information.

Organization Name: _____

Year Founded: _____

501(c)(3): Yes / No

Physical Address:

Mailing Address:

Phone: _____

Email: _____

Web Address: _____

Primary focus area: _____

(i.e Spay/Adoption/Rescue/Education/Dogs/Cats etc.)

Number of animals served per year: _____

Geographic reach: _____

Number of paid staff: _____ **Number of volunteers:** _____

Brief description of group activities: _____

Recurring events hosted by your organization: (Name/Date/Location)

List your organization's primary needs: _____

List primary challenges that your organization faces: _____

Name of person filling out form/relationship to organization: _____

Use the back of this sheet for any other questions/comments/concerns

THANKS!