



**Zoom Account Authorization Form**

**Lower CT Valley Branch**

**and**

**LCV Education and Scholarship Program, Inc. (ESP)**

The password protected LCV and LCV ESP Zoom account is exclusively for Branch/ESP meetings. Sign the statement below and return it to the Secretary who will provide you with the account password.

\_\_\_\_\_

As a current LCV AAUW or LCV ESP, Inc. leader, I request access to the LCV Zoom account. I will use the account exclusively for LCV Branch or ESP, Inc. business. I will not share the account information/password with anyone or any organization outside of the LCV AAUW Branch or Education and Scholarship Program, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Leadership Position \_\_\_\_\_

Check either or both:

\_\_\_\_\_ LCV Branch

\_\_\_\_\_ Education and Scholarship Program, Inc.

Email to AAUW.LCV.Secretary@gmail.com OR

Mail to Secretary, LCV AAUW, PO Box 379, Old Saybrook CT 06475

