

LWVNYS STATE PROGRAM RECOMMENDATIONS FOR 2015-2017

RECOMMENDATION(S) SUBMITTED BY LWV OF: _____

NAME: _____ **TITLE:** _____

TELEPHONE: _____ **E-MAIL:** _____

1. Number of members participating in program-making meeting(s)? _____

2. Does your League wish to retain the current program as it is? _____

3. Does your League wish to update any item(s) in the current program? _____

Please specify: _____

4. Does your League wish to drop any item(s) in the current program? _____

Please specify: _____

5. Does your League wish to propose a new program item for study? _____

Please describe: _____

PLEASE USE THE OTHER SIDE OF THIS FORM IS NECESSARY

DUE FEBRUARY 20, 2015

**PLEASE RETURN THIS FORM TO THE
LEAGUE OF WOMEN VOTERS OF NEW YORK STATE**

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E-mail: lwny@lwny.org

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