

2015-16 LOCAL LEAGUE INFORMATION FORM

LEAGUE OF WOMEN VOTERS OF _____

If your League has an office please list the address below:

Address _____ City _____ Zip _____

Office Telephone w/Area Code: _____

Office Email: _____ Website Address: _____

Please list the NAME and EMAIL address of the person who coordinates the following activities in your local League so they will receive the appropriate info from the state League. Email address is very important to ensure they are receiving the correct info from State!! List all co-presidents, management team members, etc, but also give one primary contact.

1. President, Co-President _____

2. Co-Presidents _____

3. Primary Contact for state office if have management team _____

4. Vice President _____

5. Treasurer _____

6. Advocacy and Issues _____

7. Bulletin Editor _____

8. Membership _____

9. Voter Service _____

10. Program and Education _____

11. Development _____

12. Youth Programs _____

13. Public Relations _____

14. **Who would you like to receive the PMP invoices?** –Please list their name, mailing address and email:

PLEASE RETURN LIST TO STATE OFFICE BY JUNE 30, 2015

LWVNYS, 62 Grand Street, Albany, NY 12207

Email: LWVNY@lwvny.org Telephone: 518-465-4162 / Fax: 518-465-0812