

Local League Update 2016

LEAGUE OF WOMEN VOTERS OF _____

League Mailing address: _____

League Phone: () _____ Office Email: _____

Website Address: _____

Please list the NAME and EMAIL address of the person who coordinates the following activities in your local League.

| | NAME | EMAIL |
|---|------|-------|
| Co President | | |
| Co President | | |
| OR | | |
| Management Team/Steering Committee | | |
| | | |
| | | |
| | | |
| | | |
| Treasurer | | |
| Advocacy and Issues | | |
| Bulletin Editor | | |
| Membership | | |
| Voter Service | | |
| Program and Education | | |
| Development | | |
| Youth Programs | | |
| Public Relations | | |
| | | |

| | Name | Address | Email |
|--|------|---------|-------|
| Who would you like to receive the PMP invoices? | | | |
| Primary Contact for state office if have management team? | | | |

Which NYS Assembly and Senate districts does your League cover?

| | District #'s |
|---------------------------|--------------|
| NYS State Assembly | |
| NYS State Senate | |

PLEASE RETURN LIST TO STATE OFFICE BY JUNE 30, 2016

LWVNYS, 62 Grand Street, Albany, NY 12207

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