

**LWVNYS STATE PROGRAM RECOMMENDATIONS FOR 2017-2019**

**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 March 3, 2017**

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

**62 Grand Street, Albany, New York 12207**

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