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## Women's Committee Chair/Coordinator Contact Information

District \_\_\_\_\_ Local Union \_\_\_\_\_ # of women in your local \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

If your mailing address is a PO Box, list an address that will accept delivery of packages from UPS.

City, State, Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ Other \_\_\_\_\_ Best time to call \_\_\_\_\_ AM  
PM

Personal email address \_\_\_\_\_