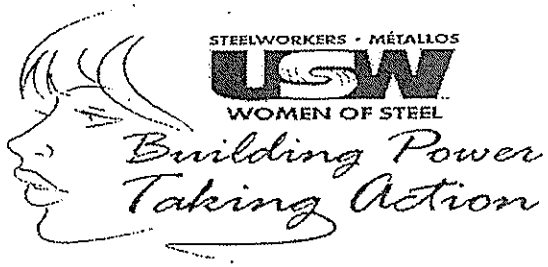

Women's Committee Chair/Coordinator Contact Information

Please print

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 _____