



# The Women's and Fair Practices Department Coordinator Data Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number : \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

(personal)

Fax Number : \_\_\_\_\_

Member Number: \_\_\_\_\_

Title:



Local Women's Coordinator



Local Fair Practices Coordinator



Regional Fair Practices Coordinator



Activist \_\_\_\_\_

District: \_\_\_\_\_ Agency: \_\_\_\_\_

Local Number: \_\_\_\_\_

Union Office Number: \_\_\_\_\_

Council: \_\_\_\_\_