



# 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: \_\_\_\_\_



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