AFGE Women & Fair Practices Department

WFP Coordinator Card

Date: _____

Name: _____

Address: _____

Email: _____

Personal Phone: _____

Work Phone: _____

District: _____ Agency: _____

Council: _____

Local: _____ Local President: _____

Are you currently a Local Coordinator: ☐ yes / ☐ no
If yes, indicate which.

If you would like to be a Local Coordinator, indicate which:
Local Coordinator Interest:

- ☐ Local Women's Coordinator
- ☐ Local Fair Practices Coordinator
- ☐ Local Women's and Fair Practices Coordinator

☐ ASIAN-PACIFIC ORGANIZED WORKERS — A POWER — EMPOWERING REPRESENTATION

☐ Y.O.U.N.G.

☐ B.L.A.C.K. BLACK LEADERS ADVANCING CHANGE AND KNOWLEDGE

☐ AFGE PRIDE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING, INTERSEX, ASEXUAL & ALLIES.

☐ HISCO AFGE HISPANIC COALITION

☐ WOMEN ADVOCATING WAVE FOR VOICE & EQUALITY

☐ AFGE NATIVE NATIVE AMERICANS TOGETHER FOR INDIGENOUS VOICES EVERYWHERE

☐ More information