

AFGE Women's & Fair Practices Departments

WFP Coordinator Card

Date:	POWER POWER
Name:	
Address:	
Email:	
Personal Phone:	
Work Phone:	BLACK LEADERS ADVANCING CHANGE AND KNOWLEDGE
District: Agency:	
Council:	AECE
Local:Local President:	PRINE
Are you currently a Local Coordinator: ☐ yes / ☐ no If yes, indicate which.	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING, INTERSEX, ASEXUAL & ALLIES.
If you would like to be a Local Coordinator, indicate which: Local Coordinator Interest:	HISCO AFGE HISPANIC COALITION
☐ Local Women's Coordinator	
☐ Local Fair Practices Coordinator☐ Local Women's and Fair Practices Coordinator	More information