**Local League Update Information From**

**2020-2021**

**PLEASE PRINT LEGIBLY!!!!!!**

**LEAGUE OF WOMEN VOTERS OF**

**League Mailing Address:**

**League Phone No.**: ( ) **League Fax No.:( )**

**Office Email**:

**Website Address:**

**Please list the NAME and EMAIL address of the person who coordinates the following activities in your local League (on or off-board).**

|  |  |  |
| --- | --- | --- |
|  | **NAME** | **EMAIL (PRINT LEGIBLY PLEASE)** |
| **Co President** |  |  |
| **Co President** |  |  |
| **OR** |  |  |
| **Management Team / Steering Committee** |  |  |
|  *\*on next page you must indicate the primary contact.* |  |  |
|  |  |
|  |  |  |
|  |  |  |
| **Treasurer** |  |  |
| **Advocacy and Issues** |  |  |
| **Bulletin Editor** |  |  |
| **Membership** |  |  |
| **Voter Service** |  |  |
| **Program and Education** |  |  |
| **Development** |  |  |
| **Youth Programs**  |  |  |
| **Public Relations**  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Email** |
| **Who would you like to receive the PMP invoices?** |  |  |  |
| **If your league has a management team, who is the PRIMARY contact?** |  |  |  |
| **Who is your coordinator for Students Inside Albany?** |  |  |  |
| **Who are your local League historians?** |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please indicate your preference for invoice transmission.** | \_\_\_\_\_\_\_\_US Mail \_\_\_\_\_\_\_\_\_EmailAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**PLEASE RETURN LIST TO STATE OFFICE BY JUNE 30, 2020**

**LWVNYS, 62 Grand Street, Albany, NY 12207**

**Email:** LWVNY@lwvny.org **Telephone: 518-465-4162 / Fax: 518-465-0812**

**THANK YOU VERY MUCH!**