

# LOCAL LEAGUE ROSTER 2006-2007

PLEASE RETURN THE COMPLETED FORM TO:

LWVPA  
226 FORSTER STREET  
HARRISBURG, PA 17102-3220  
[mpollard@palwv.org](mailto:mpollard@palwv.org)  
Fax: 717-234-8341

League of Women Voters of \_\_\_\_\_

League office address (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Office Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

League E-mail address \_\_\_\_\_

One complimentary copy of President mailings is sent to the President or Contact person for each local League. Please indicate to whom this should be sent.

- President's home address
- League office address
- Other: \_\_\_\_\_  
\_\_\_\_\_

**PRESIDENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**OR**  **CONTACT** or  **READER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**VICE PRESIDENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**TREASURER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**MEMBERSHIP CHAIR**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**VOTERS GUIDE**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**LIBERTY/SECURITY COORDINATOR**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**WEBMASTER (if applicable)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
League Website <http://> \_\_\_\_\_

**NOTE:** If your President does not have E-mail, please provide an E-mail contact within your League: \_\_\_\_\_