



AFGE Women's & Fair Practices Departments

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



More information