

YEARBOOK DATA

2019-2020

SEND TO to NJSFWC Headquarters, 55 Labor Center Way, New Brunswick, NJ 08901 by

MAY 1, 2019

Please Type or Print Legibly - Circle Telephone Area Code

Club: _____ District: _____

Number of Women's Club Members for 2019-2020: _____*

Number of EM Members for 2019-2020: _____*

Total number of Members for 2019-2020: _____*

**Please answer questions on the reverse side. Thank you.*

Affiliate Club: _____ District: _____

Yes _____ No _____

(If yes, include a list of your members-plus the name of their primary club.)

President: _____
(First Name) (Initial) (Last Name)

Address: _____

Telephone (201-609-732-856-908-973) _____ Basic Zip + 4: _____

E-mail: _____

Recording Secretary: _____
(First Name) (Initial) (Last Name)

Address: _____

Telephone (201-609-732-856-908-973) _____ Basic Zip + 4: _____

E-mail: _____

Treasurer: _____
(First Name) (Initial) (Last Name)

Address: _____

Telephone (201-609-732-856-908-973) _____ Basic Zip + 4: _____

E-mail: _____

State Board Trustee: _____

Meeting Place: _____

Day: _____ Time: _____

Telephone (201-609-732-856-908-973) _____

