

LEADS Nomination Form

GENERAL FEDERATION
of WOMEN'S CLUBS



Name _____

Address _____

Phone _____

Email _____

Club _____

District _____

Please answer the following questions in as much detail as possible:

(Attach a separate sheet of paper if more space is needed)

List all local club offices and/or chairmanships held: _____

List all district offices and/or chairmanships held: _____

List GFWC club/district programs/projects in which involved: _____

List positions at the district, state, and/or national level in which you are interested: _____

Are you willing to:

Cover costs to attend GFWC LEADS not covered by GFWC or state? Yes ___ No ___

Share what you have learned at LEADS with your state's members? Yes ___ No ___

Return this form, along with two letters of support from active GFWC club member to:
Carlene Garner, GFWC-WS Leadership Chairman no later than January 31, 2020.