

APPLICATION FORM

Name:_____

Address:_____

Phone: _____ Email: _____

Club: _____ District: _____
Above information should be concealed during judging process.

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

Please state why you would like to take part in the LEADS Seminar as a state representative:

Are you willing to (circle one):

Attend the GFWC LEADS program on the day at the GFWC convention?	Yes	No
Defray 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

If more space is needed for answers, attach additional sheets.

Return this form, along with two letters of support from active GFWC club members to:
Wilsonia E. D. Cherry
GFWC Maryland LEADS Chairman
8804 Spring Valley Road
Chevy Chase, MD 20815
wedcneh@hotmail.com
240-654-2299