

GENERAL FEDERATION
of WOMEN'S CLUBS

www.GFWC.org



GFWC LEADS PARTICIPANT APPLICATION FORM

SUBMIT TO GFWC of MASSACHUSETTS

Name: _____

Address: _____

Phone: _____ Email: _____

Club: _____ District: _____

Above information is concealed during judging process

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 district/State/national level in which you are interested*: _____

* If more space is needed, please complete answers on the next page

Are you willing to:

✓ defray costs to attend GFWC LEADS not covered by GFWC or State? Yes ___ No ___

✓ return to the state and share what you have learned at LEADS? Yes ___ No ___

(see over for submission details)

DEADLINE FOR SUBMISSION: February 1, 2020 (postmarked, faxed or e-mailed)

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Return this form, along with two letters of support from active GFWC club members, to:

LEADS Selection Committee
General Federation of Women's Clubs of Massachusetts
P.O. Box 679
Sudbury, Massachusetts 01776

Fax: 978.443.1617
E-mail: HQsecretary@gfwcma.org

Use area below if additional space is needed for responses: