

League of Women Voters of Palm Beach County Referral Form for Board of Directors

Name of person referring if not self: _____

Last Name: _____ First Name: _____

Address: _____

E-mail Address: _____

Cell Phone: _____ Other Phone: _____

Years in LWV: _____

Current involvement in LWVPBC: _____

Brief Bio: _____

Where do you think LWVPBC should go in the next 2 years: _____

If you are referring someone else, have they agreed to serve: _____

Email form to dimarks@gate.net