



LOCAL ORGANIZATION INFORMATION FORM

In an effort to provide Prospective Members with accurate information about Local Organizations, please complete this form to assist the BPW/USA Membership Department.

State Federation: _____ Region: _____

Local Name: _____ Local ID: _____

How often does your local meet? _____

Meeting Location (if applicable): _____

Median age group of your local: _____

What issues does your Local care about? _____

What are the Challenges your Local faces? _____

Please list the events your Local organizes: _____

***Please mail or fax this form to the attention of: Tashia Thompson, BPW/USA
1900 M St., NW, Suite 310, Washington, D.C. 20036 (FAX) 202-861-0298***