

WASHINGTON STATE LABOR COUNCIL, AFL-CIO
WOMEN'S COMMITTEE
2019 ELSIE SCHRADER AWARD
Nomination Form

NOMINEE'S
NAME: _____

NOMINEE IS
MEMBER OF
LOCAL UNION: _____

UNION ADDRESS
& PHONE NUMBER: _____

NOMINEE'S
HOME
ADDRESS: _____

NOMINEE'S
HOME PHONE NUMBER: _____

HOW DOES THIS INDIVIDUAL MEET THE THREE REQUIRED CRITERIA? (See reverse and Explain Which Three)

Signature of Person Making Nomination

Date

*Mail, Fax, or E-Mail Completed Form **NO LATER THAN JUNE 1, 2019** to:*

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