



NYSWI ENDORSMENT APPLICATION FORM

To: New York State Women Inc. Advocacy / Endorsement Committee

The/I, _____, hereby
(Local Chapter President/Region Director/State Board Member)

request(s) the endorsement of _____, who is running
(Candidate's Name)

for _____ from _____, New York,
(List Office Being Sought) (City)

(List Legislative District)

If available:

The candidate's website is: _____.

Other groups supporting the candidate are: _____

_____.

Respectfully submitted,

LC President, RD, State Board Member

Date: _____

Please send this form to NYS Women Inc. Advocacy / Endorsement Chair