

Appendix 1: Literacy Working Group Membership List

For the program year:

Program Name:	
Name of Parent Organization:	
Completed by:	
Date:	

Complete a section for each member of the Literacy Working Group. Feel free to add more sections as needed. Please send an updated list if changes occur during the year.

Name:			
Position on the LWG:	Chair	Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:	Secretary*	Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:	Treasurer*	Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

*These 2 positions may be combined and held by the same person

Name:			
Position on the LWG:	Employee Liaison	Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:		Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:		Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:		Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

Name:			
Position on the LWG:		Does this person have Signing Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Postal Code:	
Email Address:		Phone #:	
Community Affiliation:			
Additional Information:			

SAMPLE ONLY
contact ALL for current copy