

**NEW YORK STATE
PAID FAMILY LEAVE COALITION**
Working New Yorkers Need Time to Care!
P. O. Box 1698 Old Chelsea Station
New York, NY 10113

Yes! _____ agrees to sign on to the NYS Paid Family Leave Coalition
(Name of Organization)

Contact: _____ Email: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

Mailing Address _____

City, State, Zip _____

The _____ grants permission to the NYS Paid Family Leave Coalition to list our
Name of Organization
name on letterhead, brochures, fact sheets, and other literature used for education and promotion purposes.

Contact signature: _____

Does Your Organization Have An Albany Lobbyist? Yes _____ No _____
My organization also agrees to support the Coalition by:

- ___ Setting up a meeting for my members
- ___ Making phone calls to my State legislators
- ___ Setting up a community meeting
- ___ Writing letters to my State legislators
- ___ Putting material in my newsletter/website
- ___ Working with my constituents to set-up in-district meetings with State legislators
- ___ Compiling stories of family leave difficulties from my community

Please fax this form to: Attn: Jocelyn Mazurkiewicz at 212-352-1843

In addition my organization can contribute \$_____ to help win paid family leave for New York working families.
Please make your check payable to: Nine-to-Five/National Association of Working Women -NYS PFL Coalition

You may mail your check and registration form to the attention of:
New York State Paid Family Leave Coalition: P. O. Box 1698 Old Chelsea Station/ New York, NY 10113

Should you have any questions you may contact the Coalition at: (212) 226-1808

Thank you.