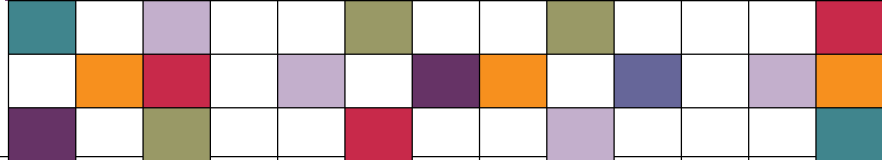


# Organization Registration Form



## Commission on Status of the Women City of Doral



Organization Name:							
Contact Address:							
		City:		Estate:		Zip:	
Phone:		Email:			Web:		
Representatives Name		Position			Phone:		
Which women's issues do you support or work for:							
Type of Services Provided: (check all that apply)							
Health		Education			Career		
Finance		Family			Gender and Equity		
Business		Government/Legal			Other		