

Attention- Pioneers of the Second Wave of the Women's Movement Active Between 1963-1975

You played an historic role in the great feminist movement that is changing the world. Make sure your contributions are not forgotten by filling out this questionnaire.

All early participants in the Second Wave Women's Movement are invited to be included in a definitive reference book documenting our activities and achievements. Your biography will consist of your first-hand accounts of what you did, where and when, for reference and research by historians, teachers, journalists, librarians, ourselves, our sisters, our families and generations that follow us. We shall not be forgotten.

The project is being coordinated by Barbara Love and Ginny Watkins, board members of Veteran Feminists of America, an organization made up of

Second Wave Feminists. The information will be entered into a searchable database and made accessible to the public for research in cooperation with the *Sophia Smith Collection* at Smith College. A printed volume of this directory is also planned.

The biographical questionnaire that follows is also available online at the VFA website: www.vfa.us

Please fill out the following questionnaire and return to the address shown below. Attach extra sheets if needed. Please follow informational format.

Please print clearly.

1. _____
FIRST NAME MIDDLE NAME

LAST NAME

2. Your name from 1963 - 1975, if different from above: _____

3. Date of Birth: _____
MONTH DAY YEAR

4. Place of Birth: _____
CITY STATE

5. Spouse or Partner (optional):

NAME

6. Children's Name(s):

NAME

NAME

7. Education: _____

8. Occupation: _____

9. Race (optional): _____

10. Religion (optional): _____

The following information (questions 11-15) is for contact purposes only: *not* for publication in the directory.

11. Current address:

STREET

CITY

ZIP

12. Home phone number: (____) _____

13. Office phone number: (____) _____

14. Fax number: (____) _____

15. E-mail address: _____

16. What year did you enter the Women's Movement?
_____ (Entry date must be 1975 or earlier to qualify for inclusion in this Directory. If you meet this requirement, please include your contributions up to the present.)

17. The primary geographical location(s) where most of your participation took place:

CITY:

STATE:

CITY:

STATE:

18. Please check only the boxes below that reflect your primary contributions for which you are providing supporting details in question 19:

- The Arts (Art, Music, Film)
- Child Care
- Communications/Media
- Education
- Employment/Labor
- Equal Rights Amendment
- Feminist Organization
- Finance/Economic Justice
- Government/Public Service
- Health
- International
- Legal
- Legislation
- Lesbian Issues
- Marriage/Divorce
- Minority Rights
- Older Women
- Poverty
- Reproductive Rights
- Religion ..
- Sexuality
- Sports
- Theory
- Violence Against Women
- Other: _____

PLEASE SPECIFY

19. PLEASE SHARE YOUR MOST SIGNIFICANT CONTRIBUTIONS TO THE WOMEN'S MOVEMENT BELOW. *Type* or *print* your summary in chronological order. Include feminist groups/organizations you founded or worked with, offices held, committees served on, key actions and other important events. Give locations, dates, purpose and results of specific actions whenever possible. State your role in these actions.

19. (Continued)

21. If you were ever active in another political movement, which one(s)? (civil rights, peace, environmental, labor, etc.) Please share specifics.

20. Please list your feminist writings, if any. Include book titles, anthologies, magazines, journals and newspapers with names, dates and your role in these publications (writer, editor, author, co-author, contributor, publisher, production, etc.

22. If you have donated or are planning to donate your papers to an archive, please name the archive:

ARCHIVE:

STREET NAME

CITY

ZIP

23. Please help us make this directory as complete as possible. List names, addresses and phone numbers of others who should be included in this Directory.

NAME

ADDRESS

CITY/STATE

TELEPHONE

NAME

ADDRESS

CITY/STATE

TELEPHONE

NAME

ADDRESS

CITY/STATE

TELEPHONE

NAME

ADDRESS

CITY/STATE

TELEPHONE

24. Please provide information on any dead feminist leaders who should be in the directory to ensure their place in history. Include dates of birth and death, major contributions and other information called for in this questionnaire that you can provide.

I hereby give non-exclusive rights for use of the above information in the *The Women's Movement: Pioneers of the Second Wave 1963-1975* directory and other Veteran Feminists of America projects.

SIGNATURE

DATE

We reserve the right to edit your submission.

Please make copies of this questionnaire and distribute it to others, or refer them to VFA website: www.vfa.us

When you have completed this questionnaire, please mail it to:

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Danbury, CT 06810

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