

# 2019-2020 LOCAL OFFICERS

**MANDATORY INFORMATION REQUEST:** Please provide contact information for your incoming 2019-2020 Local Officers. This information will be published in *School Food in Florida* magazine, used as reference for recognition at conferences, and listed on [www.floridaschoolnutrition.org](http://www.floridaschoolnutrition.org). Each position will receive directed emails throughout the year with important information for FSNA Chapters.

**\*\*Local Officers MUST be current members of the FSNA\*\***

Please input information in the blank cells to the right.

<b>Chapter Name:</b>							
<b>President</b>				<b>President-elect</b>			
<b>Name:</b>				<b>Name:</b>			
<b>School:</b>				<b>School:</b>			
<b>Daytime Phone:</b>				<b>Daytime Phone:</b>			
<b>Cell Phone:</b>				<b>Cell Phone:</b>			
<b>Email Address:</b>				<b>Email Address:</b>			
<b>Secretary</b>				<b>Treasurer</b>			
<b>Name:</b>				<b>Name:</b>			
<b>School:</b>				<b>School:</b>			
<b>Daytime Phone:</b>				<b>Daytime Phone:</b>			
<b>Cell Phone:</b>				<b>Cell Phone:</b>			
<b>Email Address:</b>				<b>Email Address:</b>			
<b>Membership Chair</b>				<b>Nutrition Chair</b>			
<b>Name:</b>				<b>Name:</b>			
<b>School:</b>				<b>School:</b>			
<b>Daytime Phone:</b>				<b>Daytime Phone:</b>			
<b>Cell Phone:</b>				<b>Cell Phone:</b>			
<b>Email Address:</b>				<b>Email Address:</b>			
<b>Certification Chair</b>				<b>Legislative Chair</b>			
<b>Name:</b>				<b>Name:</b>			
<b>School:</b>				<b>School:</b>			
<b>Daytime Phone:</b>				<b>Daytime Phone:</b>			
<b>Cell Phone:</b>				<b>Cell Phone:</b>			
<b>Email Address:</b>				<b>Email Address:</b>			
<b>Scholarships &amp; Awards</b>				<b>Chapter Reporter</b>			
<b>Name:</b>				<b>Name:</b>			
<b>School:</b>				<b>School:</b>			
<b>Daytime Phone:</b>				<b>Daytime Phone:</b>			
<b>Cell Phone:</b>				<b>Cell Phone:</b>			
<b>Email Address:</b>				<b>Email Address:</b>			
<b>Silver Circle Chair</b>							
<b>Name:</b>							
<b>School:</b>							
<b>Daytime Phone:</b>							
<b>Cell Phone:</b>							
<b>Email Address:</b>							

# 2019-2020 LOCAL OFFICERS

<b>Chapter Name:</b>			
<b>Directors and Supervisors Information:</b> Contact information is needed even if directors/supervisors are not active in the local association.			
<b>Director</b>		<b>Director</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Office Address:</b>		<b>Office Address:</b>	
<b>City, State ZIP:</b>		<b>City, State ZIP:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	
<b>Supervisor</b>		<b>Supervisor</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Office Address:</b>		<b>Office Address:</b>	
<b>City, State ZIP:</b>		<b>City, State ZIP:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	
<b>Supervisor</b>		<b>Supervisor</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Office Address:</b>		<b>Office Address:</b>	
<b>City, State ZIP:</b>		<b>City, State ZIP:</b>	
<b>Work Phone:</b>		<b>Work Phone:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	

**Our Local Chapter is Inactive or has been dissolved.**  
 (Check Box)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email: \_\_\_\_\_

\*\*\*Please attach a copy of your updated **Chapter Bylaws** when returning this form\*\*\*  
*If you need sample Bylaws for use as a template, please let us know.*

**Our Bylaws are the same as last year.**  
 (Check Box)

Please submit this Local Officer Information Form and your Chapter Bylaws to:  
[jmilam@floridaschoolnutrition.org](mailto:jmilam@floridaschoolnutrition.org)  
 Fax (850) 656-0149  
 Or mail to FSNA, 124 Salem Court, Tallahassee, Florida 32301.

*Thank you for your service to the Chapter!*