|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chapter (County) Name:**  **EIN:**  **Incorptated FL DOC #:** | | |  | | | |
| **President** | | | | **President-elect** | | |
| **Name:** |  | | | **Name:** |  | |
| **School:** |  | | | **School:** |  | |
| **Daytime Phone:** | |  | | **Daytime Phone:** | |  |
| **Cell Phone:** | |  | | **Cell Phone:** | |  |
| **Email Address:** | |  | | **Email Address:** | |  |
| **Secretary** | | | | **Treasurer** | | |
| **Name:** |  | | | **Name:** |  | |
| **School:** |  | | | **School:** |  | |
| **Daytime Phone:** | |  | | **Daytime Phone:** | |  |
| **Cell Phone:** | |  | | **Cell Phone:** | |  |
| **Email Address:** | |  | | **Email Address:** | |  |
| **Membership Chair** | | | | **Nutrition Chair** | | |
| **Name:** |  | | | **Name:** |  | |
| **School:** |  | | | **School:** |  | |
| **Daytime Phone:** | |  | | **Daytime Phone:** | |  |
| **Cell Phone:** | |  | | **Cell Phone:** | |  |
| **Email Address:** | |  | | **Email Address:** | |  |
| **Certification Chair** | | | | **Legislative Chair** | | |
| **Name:** |  | | | **Name:** |  | |
| **School:** |  | | | **School:** |  | |
| **Daytime Phone:** | |  | | **Daytime Phone:** | |  |
| **Cell Phone:** | |  | | **Cell Phone:** | |  |
| **Email Address:** | |  | | **Email Address:** | |  |
| **Scholarships & Awards** | | | | **Chapter Reporter** | | |
| **Name:** |  | | | **Name:** |  | |
| **School:** |  | | | **School:** |  | |
| **Daytime Phone:** | |  | | **Daytime Phone:** | |  |
| **Cell Phone:** | |  | | **Cell Phone:** | |  |
| **Email Address:** | |  | | **Email Address:** | |  |
| **Silver Circle Chair** | | | |
| **Name:** |  | | |
| **School:** |  | | |
| **Daytime Phone:** | |  | |
| **Cell Phone:** | |  | |
| **Email Address:** | |  | |

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

**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:**

[**Bmorris@floridaschoolnutrition.org**](mailto:Bmorris@floridaschoolnutrition.org)

**Fax (850) 656-0149**

**Or mail to FSNA, 124 Salem Court, Tallahassee, Florida 32301.**

***Thank you for your service to the Chapter!***