

2020-2021 LOCAL OFFICERS

MANDATORY INFORMATION REQUEST: Please provide contact information for your incoming 2020-2021 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. 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.

Chapter Name:							
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:							

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Chapter Name:			
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
 Fax (850) 656-0149
 Or mail to FSNA, 124 Salem Court, Tallahassee, Florida 32301.

Thank you for your service to the Chapter!