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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chapter Name:** | | | | |  | | | | | | | | |
| **President** | | | | | | | | **President-elect** | | | | | |
| **Name:** |  | | | | | | | **Name:** |  | | | | |
| **School:** | |  | | | | | | **School:** | |  | | | |
| **School Address:** | | | | | |  | | **School Address:** | | | |  | |
| **City, State ZIP:** | | | |  | | | | **City, State ZIP:** | | |  | | |
| **Daytime Phone:** | | |  | | | | | **Daytime Phone:** | | |  | | |
| **Cell Phone:** | | |  | | | | | **Cell Phone:** | | |  | | |
| **Email Address:** | | | |  | | | | **Email Address:** | | |  | | |
| **Membership Renewal Date:** | | | | | | |  | **Membership Renewal Date:** | | | | |  |
| **Secretary** | | | | | | | | **Treasurer** | | | | | |
| **Name:** |  | | | | | | | **Name:** |  | | | | |
| **School:** | |  | | | | | | **School:** | |  | | | |
| **Daytime Phone:** | | |  | | | | | **Daytime Phone:** | | |  | | |
| **Cell Phone:** | | |  | | | | | **Cell Phone:** | | |  | | |
| **Email Address:** | | | |  | | | | **Email Address:** | | |  | | |
| **Membership Renewal Date:** | | | | | | |  | **Membership Renewal Date:** | | | | |  |
| **Membership Chair** | | | | | | | | **Nutrition Chair** | | | | | |
| **Name:** |  | | | | | | | **Name:** |  | | | | |
| **School:** | |  | | | | | | **School:** | |  | | | |
| **Daytime Phone:** | | |  | | | | | **Daytime Phone:** | | |  | | |
| **Cell Phone:** | | |  | | | | | **Cell Phone:** | | |  | | |
| **Email Address:** | | | |  | | | | **Email Address:** | | |  | | |
| **Membership Renewal Date:** | | | | | | |  | **Membership Renewal Date:** | | | | |  |
| **Certification Chair** | | | | | | | | **Legislative Chair** | | | | | |
| **Name:** |  | | | | | | | **Name:** |  | | | | |
| **School:** | |  | | | | | | **School:** | |  | | | |
| **Daytime Phone:** | | |  | | | | | **Daytime Phone:** | | |  | | |
| **Cell Phone:** | | |  | | | | | **Cell Phone:** | | |  | | |
| **Email Address:** | | | |  | | | | **Email Address:** | | |  | | |
| **Membership Renewal Date:** | | | | | | |  | **Membership Renewal Date:** | | | | |  |
| **Scholarships & Awards** | | | | | | | | **Chapter Reporter** | | | | | |
| **Name:** |  | | | | | | | **Name:** |  | | | | |
| **School:** | |  | | | | | | **School:** | |  | | | |
| **Daytime Phone:** | | |  | | | | | **Daytime Phone:** | | |  | | |
| **Cell Phone:** | | |  | | | | | **Cell Phone:** | | |  | | |
| **Email Address:** | | | |  | | | | **Email Address:** | | |  | | |
| **Membership Renewal Date:** | | | | | | |  | **Membership Renewal Date:** | | | | |  |
| **Silver Circle Chair** | | | | | | | |
| **Name:** |  | | | | | | |
| **School:** | |  | | | | | |
| **Daytime Phone:** | | |  | | | | |
| **Cell Phone:** | | |  | | | | |
| **Email Address:** | | | |  | | | |
| **Membership Renewal Date:** | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Directors and Supervisors School 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 Officers are the same as last school year.**

**(Check Box)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by:** | | |  |
| **Phone #:** | |  | |
| **Date:** |  | | |

*\*\*\*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.*

**Please submit this Local Officer Information Form and Chapter Bylaws**

**via email to** [**jmilam@floridaschoolnutrition.org**](mailto:jmilam@floridaschoolnutrition.org)**,**

**by fax to (850) 656-0149,**

**or mailed to FSNA, 124 Salem Court, Tallahassee, Florida 32301.**

***Thank you for helping your chapter succeed!***