|  |  |
| --- | --- |
| **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****,**

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

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

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