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

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| **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!***