

# Fce

Tennessee Association for Family & Community Education  
TAFCE CREDENTIAL FORM

Name \_\_\_\_\_

(Must be a paid TAFCE member)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Region \_\_\_\_\_

County \_\_\_\_\_

PERSON LISTED ABOVE IS:

County Council President

Approved Alternate Voting Delegate

THE PERSON LISTED ABOVE IS THE OFFICIAL VOTING DELEGATE FOR

\_\_\_\_\_ COUNTY FOR THE \_\_\_\_\_ TAFCE

BUSINESS MEETING ON \_\_\_\_\_

SIGNED: \_\_\_\_\_

(County Council Officer)

DATE: \_\_\_\_\_

SEND THIS CREDENTIAL FORM TO THE STATE TREASURER BEFORE

\_\_\_\_\_ (date).

\_\_\_\_\_ State Treasurer

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Phone

\_\_\_\_\_ Email