

Tennessee Association for Family and Community Education
TAFCE Credential Form

Name: _____

(Must be a paid TAFCE member)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Region: _____

County: _____ Email: _____

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 _____

SEND CREDENTIAL FORM TO THE STATE TREASURER BEFORE **October 15th**.

State Treasurer: Maria Howard
3711 Bethel Turdy Rd.
Bethel Springs, TN. 38315
(731) 610-6445
Mariahowardtafce@gmail.com

