

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

☐

TAFCE State Board Member

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: Peggy Richmond
949 Bells Mill Road
Pelham, TN 37366
(609) 413-7071
prichmond09@aol.com

