

NATIONAL FCE (year) STATE OFFICERS' INFORMATION UPDATE

Please complete this form and return immediately after State Officer Elections (or by January 1, of the upcoming year at the latest)

to

National FCE Headquarters, 73 Cavalier Blvd., Ste. 106, Florence, KY 41042

PLEASE TYPE OR PRINT CLEARLY

	State:		
	Region:		
PRESIDENT:			
Name:			
Address:			
City/State/Zip:			
Phone:			
Fax:			
E-Mail:			
Date Term Expires	S:		
PRESIDENT-ELE	CCT (when applicable	e)•	
Name:	CI (when applicable	<i>c)</i> .	
Address:			
Phone:			
Fax:			
E-Mail:			
Date Term Expires	S:		

VICE PRESIDENT FO	R PROGRAM:
Name:	
Address:	
Phone	
Fax:	
E Moil.	
	R PUBLIC POLICY/FCL CONTACT:
Name:	
City/State/Zip:	
Phone:	
E-Mail:	
Date Term Expires:	
SECRETARY:	
A ddrace:	
Dhono	
Eov.	
E Moil.	
TREASURER:	
City/State/Zip:	
Phone:	
Fax:	
E-Mail:	
Date Term Expires:	
STATE WEBSITE: www	w.
* * *	to have all above information listed on the National FCE
****DATE OF YOUR N	NEXT STATE MEETING

PLEASE RECHECK FOR ACCURACY. KEEP A COPY FOR YOUR RECORDS. FORWARD INFORMATION AND FORMS TO NEW PRESIDENT IF YOUR TERM HAS EXPIRED.