



**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, P.O. Box 642 Florence Kentucky 41066-0642

PLEASE TYPE OR PRINT CLEARLY

State: _____

Region: _____

PRESIDENT:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Date Term Expires: _____

PRESIDENT-ELECT (when applicable):

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Date Term Expires: _____

VICE PRESIDENT FOR PROGRAM:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Date Term Expires: _____

VICE PRESIDENT FOR PUBLIC POLICY/FCL CONTACT:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Date Term Expires: _____

SECRETARY:

Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Date Term Expires: _____

TREASURER:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Date Term Expires: _____

STATE WEBSITE: www. _____

Do you give permission to have all above information listed on the National FCE website? _____

******DATE OF YOUR 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.