



**NATIONAL FCE 20__ STATE OFFICERS'
WEB SITE INFORMATION UPDATE**

Please complete this form and return immediately after State Officer Elections
(or by January 1, 20__ at the latest)

to

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

PLEASE TYPE OR PRINT CLEARLY

State: _____

PRESIDENT:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Date Term Expires: _____

PRESIDENT-ELECT (when applicable):

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Date Term Expires: _____

VICE PRESIDENT FOR PROGRAM:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Date Term Expires: _____

VICE PRESIDENT FOR PUBLIC POLICY AND/OR FCL CONTACT:

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Date Term Expires: _____

SECRETARY:

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Date Term Expires: _____

TREASURER:

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Date Term Expires: _____

<ADDITIONAL INFORMATION NEEDED>

State Web Site: www. _____

Date of Your 20__ State Meeting (location): _____

Do you have a signed license agreement with National? Yes _____ No _____

PLEASE RECHECK FOR ACCURACY
KEEP A COPY FOR YOUR RECORDS
SEND COMPLETED FORM TO HEADQUARTERS