



Tennessee Association for
Family & Community Education

2009 TAFCE CREDENTIAL FORM

NAME: _____
(Must be a paid TAFCE member)

ADDRESS: _____

PHONE: _____ REGION: _____

COUNTY _____

PERSON LISTED ABOVE IS:

_____ County Council President

_____ Approved Alternate Voting Delegate

THE PERSON LISTED ABOVE IS THE OFFICIAL VOTING DELEGATE FOR
_____ COUNTY FOR THE 2009 TAFCE BUSINESS MEETING ON
NOVEMBER 10, 2009.

SIGNED: _____
(County Council Officer)

DATE: _____

SEND THIS CREDENTIAL FORM TO THE STATE TREASURER BEFORE
OCTOBER 1, 2009:

Jane Fisher
1424 S. Crockett Bend Rd.
Rives, TN 38253
731-536-5303