

Fce

Tennessee Association for Family & Community Education
TAFCE CREDENTIAL FORM

Name _____

(Must be a paid TAFCE member)

Street Address _____

City _____ State _____ Zip _____

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 _____ TAFCE

BUSINESS MEETING ON _____

SIGNED: _____

(County Council Officer)

DATE: _____

SEND THIS CREDENTIAL FORM TO THE STATE TREASURER BEFORE

_____ (date).

_____ State Treasurer

_____ Street Address

_____ City, State, Zip

_____ Phone

_____ Email