



# South Carolina Family and Community Leaders County Officer's Form

Year \_\_\_\_\_

Please complete the following form and RETURN to Pam Hanfland [hanfland@usa.net](mailto:hanfland@usa.net) or 105 Woodcock Trail West Columbia, SC 29169 by October 1<sup>st</sup> in order for current information to be in the SCFCL Handbook.

County \_\_\_\_\_ District \_\_\_\_\_

Date form was completed \_\_\_\_\_

Person completing form \_\_\_\_\_ Position \_\_\_\_\_

**President's Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_

**President Elect's Name** (if applicable) \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_

**Vice President for Program's Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_

**Vice President for Public Relations Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_



# South Carolina Family and Community Leaders County Officer's Form

**Secretary's Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_

**Treasurer's Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date office ends (Month/Year) \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_

**FCL Advisor's Name** \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**FCL Extension Peron's Name** \_\_\_\_\_

Position Title \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Date new officers are elected in your county** \_\_\_\_\_  
(Month/Day/Year)

**Person who organizes the membership forms sent to state treasurer with dues?**

Name \_\_\_\_\_

Position \_\_\_\_\_

Address, City & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address or Fax Number (if applicable) \_\_\_\_\_