



South Carolina Family and Community Leaders

County Officer's Form

Year _____

Complete the below form and RETURN to Pam Hanfland at phanfland@gmail.com or mail to: 105 Woodcock Trail, West Columbia, SC 29169 by October 1st in order for current information to be in the SCFCL Handbook.

County _____ District _____

Date form 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's Name (if applicable) _____

Address, City & Zip _____

Phone Number _____ Date office ends (Month/Year) _____

Email Address or Fax Number (if applicable) _____

Secretary's Name (if applicable) _____

Address, City & Zip _____

Phone Number _____ Date office ends (Month/Year) _____

Email Address or Fax Number (if applicable) _____

Treasurer's Name (if applicable) _____

Address, City & Zip _____

Phone Number _____ Date office ends (Month/Year) _____

Email Address or Fax Number (if applicable) _____

Advisor's Name _____

Address, City & Zip _____

Phone Number _____ Cell Number _____

Fax Number _____

Email Address _____

FCL Extension Person's Name _____

Position Title _____

Address, City & Zip _____

Phone Number _____ Cell Phone _____

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 _____ Cell Phone _____

Email Address or Fax Number (if applicable) _____