



# Chapter Reporting Form

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Michigan FCCLA's State Officers would like all chapters to submit the names and addresses of their chapter officers. Thank you for your help! Please note that this information will not be shared with anyone but State Officers and State Staff.

**Chapter** \_\_\_\_\_

**President** \_\_\_\_\_

**Vice President** \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_

City & Zip \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Year of Graduation \_\_\_\_\_

**Secretary** \_\_\_\_\_

**Treasurer** \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_

City & Zip \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Year of Graduation \_\_\_\_\_

**Other Officer Title** \_\_\_\_\_

**Other Officer Title** \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip \_\_\_\_\_

City & Zip \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Year of Graduation \_\_\_\_\_