



Chapter Reporting Form

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 _____