

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 \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

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

Email \_\_\_\_\_ Email \_\_\_\_\_

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

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

Email \_\_\_\_\_ Email \_\_\_\_\_

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

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

Email \_\_\_\_\_ Email \_\_\_\_\_

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