

**TEXAS ASSOCIATION FOR SCHOOL NUTRITION
20__ - 20__ CHAPTER OFFICERS FORM**

Please include only those officers that will serve during the above year:

Chapter Name: _____ District: _____ Area #: _____

PRESIDENT:

Name: _____ Membership #: (Must include) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Include area code): Home: _____ - _____ - _____ Office: _____ - _____ - _____

E-mail Address: _____ Fax: _____ - _____ - _____

PRESIDENT ELECT:

Name: _____ Membership #: (Must include) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Include area code): Home: _____ - _____ - _____ Office: _____ - _____ - _____

E-mail Address: _____ Fax: _____ - _____ - _____

TREASURER:

Name: _____ Membership #: (Must include) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Include area code): Home: _____ - _____ - _____ Office: _____ - _____ - _____

E-mail Address: _____ Fax: _____ - _____ - _____

SECRETARY:

Name: _____ Membership #: (Must include) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Include area code): Home: _____ - _____ - _____ Office: _____ - _____ - _____

E-mail Address: _____ Fax: _____ - _____ - _____

****FOOD SERVICE DIRECTOR:**

Name: _____ Membership #: (Must include) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Include area code): Home: _____ - _____ - _____ Office: _____ - _____ - _____

E-mail Address: _____ Fax: _____ - _____ - _____

**TEXAS ASSOCIATION FOR SCHOOL NUTRITION
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PHONE: 800-444-5189
FAX: 512-371-0125**