

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/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: _____ - _____ - _____

***If more than one school district is represented in your chapter, please list school districts with the name, address, phone number and fax number of the Food Service Director on the back of this form. Please fill out entire form completely to assure all chapters will receive all correspondence!!!*

TEXAS ASSOCIATION FOR SCHOOL NUTRITION
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