SCFMS CLUB OFFICER, EDITOR, AND WEBMASTER SUBMISSION FORM

CLUB INFORMATION:

CLUB NAME: _____
(Please pay special attention to "&" or "and")
CLUB MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CLUB PHONE NUMBER: _____

MEETING LOCATION ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MEETING TIME: _____
MEETING DATE: _____
OR MEETING RECURS MONTHLY ON THE: ☐1st ☐2nd ☐3rd ☐4th WEEK
ON: ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☐Fri. ☐Sat. ☐Sun.

EXLUDED MONTHS: ☐January ☐February ☐March ☐April ☐May ☐June
☐July ☐August ☐September ☐October ☐November ☐December

CLUB WEBSITE: _____
CLUB FACEBOOK PAGE: _____
CLUB NEWSLETTER NAME: _____
OUR CLUB IS A 501(c)(3) ORGANIZATION: ☐ YES ☐ NO

ANNUAL SHOW:

SHOW TITLE: _____
ANNUAL SHOW MONTH: ☐January ☐February ☐March ☐April ☐May ☐June
☐July ☐August ☐September ☐October ☐November ☐December

ANNUAL SHOW CALENDAR DATES: _____
ANNUAL SHOW OCCURS ON (select all days): ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☐Fri. ☐Sat. ☐Sun.

DAY 1 SHOW OPEN TIME: _____ ☐AM ☐PM CLOSE TIME: _____ ☐AM ☐PM
DAY 2 SHOW OPEN TIME: _____ ☐AM ☐PM CLOSE TIME: _____ ☐AM ☐PM
DAY 3 SHOW OPEN TIME: _____ ☐AM ☐PM CLOSE TIME: _____ ☐AM ☐PM
DAY 4 SHOW OPEN TIME: _____ ☐AM ☐PM CLOSE TIME: _____ ☐AM ☐PM

SHOW FACILITY NAME: _____
SHOW ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

NAME OF SHOW CHAIR OR SHOW CONTACT: _____
SHOW CHAIR PHONE NUMBER: _____
SHOW CHAIR EMAIL ADDRESS: _____

☐ WE DO NOT HOLD AN ANNUAL SHOW
☐ WE HOLD MORE THAN ONE SHOW PER YEAR
List additional show information: _____
_____
_____

SCFMS CLUB OFFICER, EDITOR, AND WEBMASTER SUBMISSION FORM

CLUB OFFICER INFORMATION: CLUB NAME:_____

MONTH OF OFFICER ELECTIONS: ☐January ☐February ☐March ☐April ☐May ☐June ☐July ☐August ☐September ☐October ☐November ☐December

☐MAIN CONTACT (SELECT ONE OFFICER)
PRESIDENT NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

☐MAIN CONTACT (SELECT ONE OFFICER) ☐POSITION VACANT
1ST VICE PRESIDENT NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

☐MAIN CONTACT (SELECT ONE OFFICER) ☐POSITION VACANT
SECRETARY NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

☐MAIN CONTACT (SELECT ONE OFFICER) ☐POSITION VACANT TREASURER NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

☐MAIN CONTACT (SELECT ONE OFFICER) ☐POSITION VACANT
EDITOR NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

☐MAIN CONTACT (SELECT ONE OFFICER) ☐POSITION VACANT WEBMASTER NAME: _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

SCFMS WE WILL NO LONGER ACCEPT CLUB ADDRESSES OR CLUB PHONE NUMBERS FOR CONTACT INFORMATION PROVIDED BY MEMBER CLUBS. WE HAVE TAKEN MEASURES TO IDENTIFY APPROPRIATE USE OF THE DATA WE COLLECT AND PROTECT THE PERSONAL INFORMATION WE OBTAIN. PLEASE READ OUR PRIVACY POLICY AND CONTACT A CURRENT SCFMS OFFICER IF THERE ARE CONCERNS. OFFICER INFORMATION MUST BE SUBMITTED BY WITH DUES FOR AND AGAIN BY FEBRYARY 1, 2026,. YOU MAY UPDATE AS SOON AS ELECTIONS ARE HELD, AND SHOULD UPDATE WITHIN 30 DAYS OF ANY CHANGE IN OFFICERS.

☐ **I HAVE READ THE SCFMS PRIVACY POLICY AND CONSENT TO SCFMS USE OF THE CLUB INFORMATION I HAVE PROVIDED.**

EMAIL FILLED FORMS TO THE EXECUTIVE SECRETARY AND DIRECTORY CHAIR:
LSUSAN BURCH, scfmseditor@yahoo.com AND DON SHURTZ, don.shurtz@gmail.com. QUESTONS? 936-615-5397
OR YOU MAY PRINT AND MAIL TO: SUSAN BURCH, 10911 HOLLY SPRINGS DR, HOUSTON, TX 77042