

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.

EXCLUDED 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:

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

[]NO CHANGE FROM PREVIOUS YEAR []MAIN CONTACT (SELECT ONE OFFICER)
PRESIDENT NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:

[]NO CHANGE FROM PREVIOUS YEAR []MAIN CONTACT (SELECT ONE OFFICER) []POSITION VACANT
1ST VICE PRESIDENT NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:

[]NO CHANGE FROM PREVIOUS YEAR []MAIN CONTACT (SELECT ONE OFFICER) []POSITION VACANT
SECRETARY NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:

[]NO CHANGE FROM PREVIOUS YEAR []MAIN CONTACT (SELECT ONE OFFICER) []POSITION VACANT
TREASURER NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:

[]NO CHANGE FROM PREVIOUS YEAR []MAIN CONTACT (SELECT ONE OFFICER) []POSITION VACANT
EDITOR NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:

[]NO CHANGE FROM PREVIOUS YEAR []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 FEBRUARY 1ST. 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:
KIMBERLY J. BRANNON, SCFMS EXECUTIVE SECRETARY EMAIL ADDRESS: KIMBERLYARTS@HOTMAIL.COM
LINDA SIMPSON, SCFMS DIRECTORY CHAIR EMAIL ADDRESS: ROCKCAMP_SPEAKER@OUTLOOK.COM
OR YOU MAY PRINT AND MAIL TO: KIMBERLY J. BRANNON P.O. BOX 836 TENAHA, TX 75974