



# Fund Advisory Committee

<b>5. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

<b>6. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

<b>7. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

<b>8. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

<b>9. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

<b>10. Name:</b> _____	FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip: _____
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal