



Fund Advisory Committee

Fund Name: _____

Date: _____

NCF sends fund reports and other important documents to one primary contact on each Fund Advisory Committee (FAC). Please indicate your FAC's primary contact.

Primary Contact - NCF correspondence will be sent to:	
<p>* 1. Name: _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p> <p>Business Phone: _____</p> <p>Mobile Phone: _____</p> <p>Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>	<p>FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Fax: _____</p> <p>Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>

<p>2. Name: _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p> <p>Business Phone: _____</p> <p>Mobile Phone: _____</p> <p>Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>	<p>FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Fax: _____</p> <p>Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>
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<p>3. Name: _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p> <p>Business Phone: _____</p> <p>Mobile Phone: _____</p> <p>Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>	<p>FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Fax: _____</p> <p>Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>
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<p>4. Name: _____</p> <p>Mailing Address: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p> <p>Business Phone: _____</p> <p>Mobile Phone: _____</p> <p>Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>	<p>FAC Office: <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Fax: _____</p> <p>Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal</p>
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Fund Advisory Committee

5. Name: _____	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

6. Name: _____	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

7. Name: _____	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

8. Name: _____	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

9. Name: _____	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

10. Name: _____	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