## FUND ADVISORY COMMITTEE

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| **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.

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|  **Primary Contact - NCF correspondence will be sent to:**  |
| **\* 1.** Name: |       | FAC Office: | [ ]  Chair [ ]  Vice-Chair [ ]  Secretary [ ]  Treasurer [ ]  Member |
| Mailing Address: |       | [ ]  Work[ ]  Personal | City, State, Zip: |       |
| Business Phone: |       | Home Phone: |       |
| Mobile Phone: |       | Fax: |       |
| Primary Email: |       | [ ]  Work[ ]  Personal | Alternate Email: |       | [ ]  Work[ ]  Personal |
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| **2.** Name: |       | FAC Office: | [ ]  Chair [ ]  Vice-Chair [ ]  Secretary [ ]  Treasurer [ ]  Member |
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