## 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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