



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:	
* 1. 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

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

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

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

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

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

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

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

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

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

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

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

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

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14. Name: _____	<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	FAC Office:
Business Phone: _____	City, State, Zip: _____
Mobile Phone: _____	Home Phone: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Fax: _____
	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal

15. Name: _____	<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	FAC Office:
Business Phone: _____	City, State, Zip: _____
Mobile Phone: _____	Home Phone: _____
Primary Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal	Fax: _____
	Alternate Email: _____ <input type="checkbox"/> Work <input type="checkbox"/> Personal