

Directory Information Form

Local # _____

President:	Name: _____
Address:	_____
Telephone:	Work: _____ Home: _____ Cell: _____
E-Mail:	_____ Fax: _____

Vice President:	Name: _____
Address:	_____
Telephone:	Work: _____ Home: _____ Cell: _____
E-Mail:	_____ Fax: _____

Secretary:	Name: _____
Address:	_____
Telephone:	Work: _____ Home: _____ Cell: _____
E-Mail:	_____ Fax: _____

Treasurer:	Name: _____
Address:	_____
Telephone:	Work: _____ Home: _____ Cell: _____
E-Mail:	_____ Fax: _____

Insurance Administrator:	Name: _____
Address:	_____
Telephone:	Work: _____ Home: _____ Cell: _____
E-Mail:	_____ Fax: _____

Return to: NYSPFFA / 111 Washington Avenue Suite 207 / Albany, NY 12210