

**SNCA MEMBER CONTACT INFORMATION**

ORGANIZATION: \_\_\_\_\_

Organization Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

**VOTING MEMBER/ALTERNATE INFORMATION**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**OTHER PERSONS IN ORGANIZATION WHO NEED TO BE ON E-MAIL LIST**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

Please add any additional contact information::

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON FILLING OUT QUESTIONNAIRE: \_\_\_\_\_

**Please E-mail the completed form to [Tocnaschek@ci.beaumont.tx](mailto:Tocnaschek@ci.beaumont.tx)  
or fax to (409)960-5766**