

PC NEW MEMBERSHIP REPORTING FORM

2024-2025

AGENCY/ REPRESENTATIVE POSITION _____ COMPLETION DATE _____

STAFF NAME/ TITLE _____ PHONE _____

Representative/Alternate

**Staff please complete this Reporting Form and return to Gaylon M. Ndiaye as soon as PC Representative and Alternate(s) are elected, in order to prepare the PC Membership Roster and Agenda for the upcoming annual PC meeting.*

PLEASE PRINT CLEARLY AND COMPLETE FULLY.

PC REPRESENTATIVE:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____

PC REPRESENTATIVE:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____

PC REPRESENTATIVE:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____

ALTERNATE 1:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____

ALTERNATE 2:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____

ALTERNATE 3:

Name (Mr./Ms.) _____
Address _____
City, _____ Zip _____
Daytime Phone _____
Message Phone _____
E-mail Address _____
Date Elected _____