

# 2020 FARM BUREAU WOMEN'S LEADERSHIP COMMITTEE MEMBER LIST

Name of County \_\_\_\_\_

<b>Chairman's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Vice Chairman's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>AITC Chairman's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (    ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (    ) _____

<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____
<b>Member's Name:</b> _____ Address: _____ Phone: (     ) _____ Membership Number: _____	<b>Spouse's Name:</b> _____ City/Zip: _____ E-mail: _____ Cell: (     ) _____

**PLEASE RETURN BY NOVEMBER 30, 2019:**

Kristy Chastine, Special Programs Division  
 Tennessee Farm Bureau Federation  
 P.O. Box 313  
 Columbia, TN 38402-0313  
**Fax: (931) 840-8699**

**SIGNED:** \_\_\_\_\_