

**CHILD/FAMILY SERVICES
CENTER COMMITTEE DATA**

Date Revised: _____

Center: _____

Year: _____

CENTER OFFICERS

NAME

ADDRESS

CITY

ZIP

PHONE NUMBER

Chair: _____

Vice-Chair: _____

Secretary/Treasurer: _____

CENTER MEETINGS

CPC Agenda Meeting: Date: _____ Time: _____ Location: _____

CPC Meeting: Date: _____ Time: _____ Location: _____

DELEGATE POLICY COMMITTEE REPRESENTATIVES

NAME

ADDRESS

CITY

ZIP

PHONE NUMBER

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Representative: _____

Distribution: White -Center Yellow – Delegate/DO