



**CHILD/FAMILY SERVICES
CENTER COMMITTEE DATA**

Date Revised: _____

Center: _____
Year: _____

CENTER OFFICERS

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE NUMBER</u>
Chair:	_____				
Vice-Chair:	_____				
Secretary/Treasurer:	_____				

CENTER MEETINGS

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

DELEGATE POLICY COMMITTEE REPRESENTATIVES

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE NUMBER</u>
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				
Representative:	_____				

Distribution: White -Center Yellow – Delegate/DO