



# LOCAL UPDATE WORKSHEET

Facility Name: \_\_\_\_\_ FAA Identifier: \_\_\_\_\_ Region: \_\_\_\_\_

Facility Rep Mail Address (if different from President's address): \_\_\_\_\_

\_\_\_\_\_ Facility Phone #: \_\_\_\_\_

NATCA Office Phone #: \_\_\_\_\_ FAX # \_\_\_\_\_

## *Local Officers Information*

<p><b><u>President</u></b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Member #: _____ Date Effective: _____</p>	<p>Street Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____ Fax: _____</p>
<p><b><u>Vice-President</u></b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Member #: _____ Date Effective: _____</p>	<p>Street Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____ Fax: _____</p>
<p><b><u>Secretary</u></b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Member #: _____ Date Effective: _____</p>	<p>Street Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____ Fax: _____</p>
<p><b><u>Treasurer</u></b></p> <p>Name: _____</p> <p>Email: _____</p> <p>Member #: _____ Date Effective: _____</p>	<p>Street Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____ Fax: _____</p>
<p><b><u>Legislative Representative</u></b> (if applicable)</p> <p>Name: _____</p> <p>Email: _____</p> <p>Member #: _____ Date Effective: _____</p>	<p>Street Address: _____</p> <p>_____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____ Fax: _____</p>

### FACILITY REPRESENTATIVE SIGNATURE

SIGN  
HERE *x*

DATE

**Updates for locals from all regions should be faxed or emailed to Mickela Gillfillan:**

**FAX: 760-477-6080**

**EMAIL: [mickela@natca.net](mailto:mickela@natca.net)**