



# 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*

### President

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Vice-President

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Secretary

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Treasurer

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Legislative Representative (if applicable)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Member #: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 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)**