



NYSAFC Committee Member Evaluation

Committee Member's Name: _____

Committee: _____

Chairman's Name: _____ Date: ____ / ____ / ____

Attended meetings: Yes No

Remarks: _____

Completed tasks that were assigned: Yes No

Remarks: _____

Provided content for *SIZE UP*, *The NYSAFC Bugle*, website, and/or social media: Yes No

Remarks: _____

Comments: _____

To be completed by committee chairmen and returned to the NYSAFC office upon request.

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