

BOARD MEMBERSHIP OF THE STATE FACILITIES BOARD (SFB)
(STATE OR TERRITORY)

Term of Current SFB - Day/Month/Year to Day/Month/Year

SFB Chair Signature _____

Rank and Name (first, middle initial, last)

Component (ARNG, United States Army Reserve, ANG, United States Air Force Reserve (USAFR), United States Naval Reserve (USNR), USMCR, USCGR)

Work/Office Address

City/State/Zip Code

Commercial Phone Number

DSN Phone Number

Fax Number

E-mail Address

Records Custodian - (shall be ARNG member in the Office of the CFMO) (may also be the Chair)

Other Principal Members - (same information listed, above, required on each individual)

Alternates - (same information listed, above, required on each individual)