

Send one copy of this form to Family Living Educator and one to Center Chairman by November 1st.

Local Organization

County: _____ Club: _____

Center: _____ Center Chairman: _____

Beginning _____ and Ending _____

(month – day – year)

(month – day – year)

Officers:	Name	Address	Phone Number
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

Our regular club meeting is _____ of each month. Time _____

AFFIRMATIVE ACTION INFORMATION

Please provide the following information, which is needed for Wisconsin Association for Home and Community Education (WAHCE) and University of Wisconsin Cooperative Extension (UWEX).

1. Racial Composition of Members:

- a. Number of White members _____
- b. Number of Black members _____
- c. Number of American Indian members _____
- d. Number of Asian members _____
- e. Number of Hispanic members _____
- f. Total number of members _____

3. How many of your group are:

- a. Female _____
- b. Male _____
- c. Single Parents _____
- d. Handicapped Persons _____

2. Age Composition of Members:

- a. Number of members under 25 _____
- b. Number of members 25-34 _____
- c. Number of members 35-44 _____
- d. Number of members 45-54 _____
- e. Number of members 55-64 _____
- f. Number of members 65 and over _____

4. Residence:

- a. Rural – Farm _____
- b. Rural – Non-Farm _____
- c. Urban _____

Activities and events are provided to all clientele on a non-discriminatory basis without regard to race, color, national origin, creed or economic circumstance.

Comment relative to Affirmative Action (Optional)

Signature of Club President