

# 2017 HOME & COMMUNITY EDUCATION DUES



Individual Membership Dues - \$20.00

**Complete form and sign photo release section (Photos cannot be printed in newsletter, etc. without signature).  
PLEASE PRINT CLEARLY.**

**Return this form by OCTOBER 1 to: Faye Schneider, 4698 Pioneer Rd., Richfield, WI 53076**

AMOUNT ENCLOSED \$ \_\_\_\_\_ Please make check payable to **WASHINGTON COUNTY HCE**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Family Membership  Yes  No

How would you like to receive your HCE Roots & Branches newsletters? {  
 Paper Copies ONLY  
 ONLY via Email  
 **BOTH** via Email **AND** Paper Copies

2017 marks my 50<sup>th</sup> year of membership with HCE.  Yes  No

## 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. **Race:** \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic

2. **Age:** \_\_\_\_\_ under 25 \_\_\_\_\_ 25-34 \_\_\_\_\_ 35-44 \_\_\_\_\_ 45-54 \_\_\_\_\_ 55-64 \_\_\_\_\_ 65 or over

3. **Sex:** \_\_\_\_\_ Female \_\_\_\_\_ Male

4. **Single Parent?** \_\_\_\_\_ Yes \_\_\_\_\_ No

5. **Handicapped?** \_\_\_\_\_ Yes \_\_\_\_\_ No

6. **Residence:** \_\_\_\_\_ Rural – Farm \_\_\_\_\_ Rural – Non-Farm \_\_\_\_\_ Urban

**Comments relative to Affirmative Action (Optional):**

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

## PHOTO RELEASE

I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter university), the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites, and promotion of the University programs. The University adheres to all Federal and State laws associated with this use.

\_\_\_\_\_  
Signature of club member

**\*Note to Treasurer:** Please copy this form for your records and send the original to the Family Living Educator.