

Send this form to Family Living Educator directly after first meeting. Due by October 1st, 2016.



Local Organization

County: Washington Club: _____
Center: _____ Center Chairman: _____
Beginning 1-1-2017 and Ending 12-31-2017

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 African American members _____
- c. Number of Native American 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.

Comments relative to Affirmative Action (Optional):

Return to: UWEX Family Living
333 E. Washington St., Suite 1200
West Bend, WI 53095

Signature of 2016 Club President