



**WISCONSIN ASSOCIATION FOR  
HOME AND COMMUNITY  
EDUCATION, INC.**

Club Secretary's Book

Year \_\_\_\_\_

Name of Club \_\_\_\_\_

Secretary \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

## INSTRUCTIONS FOR USE OF THIS SECRETARY'S BOOK

1. The secretary should take notes during the meeting.
2. Fill in all information accurately at the top of the page. (Do not repeat this in the narrative section)
3. Information to include in narrative section (in order of occurrence):
  - a. Presiding Officer
  - b. Minutes read (approved or corrected)
  - c. Correspondence
  - d. Treasurer's report
  - e. Record of all motions, name of proposer and exact wording
  - f. Committee reports
  - g. Old business
  - h. New business
4. Project – include project leader's name and the project title. Presentation of project material, such as, did project leader read the information? Were members involved in discussion, demonstrations, displays, etc.
5. All addresses should include member's name, full address and zip code.
6. Minutes SHOULD NOT contain a secretary's personal opinion as "an able report was given", or "a delicious lunch was served."
7. Duplicate copies of monthly meetings should be sent to your Center Chairperson and Family Living Educator directly after each meeting.

# SAMPLE COPY OF SECRETARY'S MINUTES

The meeting was called to order by President Clark. Roll call was taken. A quorum was present.

Minutes of the previous meeting were read and approved as corrected – paragraph 3, sentence 2, to read, “Mary Jones was appointed delegate to the County Council meeting,” instead of “Joyce White.”

Correspondence

The treasurer's report was read with a balance on hand of \$85.90.

Lori Anderson gave the Health Committee report. She stated two from our club participated in the blood bank program. She reminded us the immunization clinic will be in our area October 1.

## **OLD BUSINESS:**

We were informed by the county president that each club should appoint a person to all programs of work areas.

Beverly Meyer moved and it was seconded, “*that a member be appointed to each Education Program.*” Motion carried. President Clark will make these appointments by the next meeting.

## **NEW BUSINESS:**

A club tour was discussed. Moved by Angie Cook and seconded, “*to take a club tour to the state capitol at a time our representatives could meet with us.*” Motion carried. President Clark appointed Betty Hill and Anna Hainy to coordinate the tour.

A collection was taken for Pennies for Friendship.

Moved by Vicki Holly and seconded, “*to adjourn.*” Motion carried.

# COUNTY ORGANIZATION

**COUNTY OFFICERS:** (include address, and phone number)

President \_\_\_\_\_

Vice President \_\_\_\_\_

President-Elect \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Family Living Educator \_\_\_\_\_

**Center**

**Center Chairperson** (include address and phone number)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FOCUS FOR YEAR:** \_\_\_\_\_

**County Chairpersons:** (include address and phone number)

1. Cultural & Textile Arts \_\_\_\_\_

2. Membership & Marketing \_\_\_\_\_

3. International \_\_\_\_\_

4. Historian \_\_\_\_\_

5. Young Family Education \_\_\_\_\_

# ROLL CALL

Meeting Dates (Month/Day)

MEMBERS NAME									
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
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18.									
19.									
20.									
21.									

Send one copy of this form to Family Living Educator and one to Center Chairman by October 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 \_\_\_\_\_

**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 \_\_\_\_\_

**3. How many of your group are:**

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

**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**

# MINUTES OF MEETINGS

1. Club \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
2. Place \_\_\_\_\_ No. Members \_\_\_\_\_ Attending \_\_\_\_\_ Visitors \_\_\_\_\_
3. Newsletter Discussed? Yes \_\_\_\_\_ No \_\_\_\_\_ Pennies for Friendship Collected? Yes \_\_\_\_\_ No \_\_\_\_\_
4. This Month's Lesson/Program \_\_\_\_\_
5. Presented by \_\_\_\_\_
6. Time devoted to Project Lesson \_\_\_\_\_  
*Summarize briefly (Used project material and/or speaker, slides, etc.)*  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of members who plan to use lesson information \_\_\_\_\_
8. Number of members unable to or do not wish to use information \_\_\_\_\_
9. What did members do as a result of last month's project lesson? \_\_\_\_\_  
\_\_\_\_\_
10. Leader(s) attending next project lesson \_\_\_\_\_

<p>11. New Member(s) gained:</p> <p>Name: _____ Address _____</p> <p>E-Mail Address _____ Phone _____</p> <p>Name: _____ Address _____</p> <p>E-Mail Address _____ Phone _____</p> <p>12. Members(s) lost:</p> <p>Name _____ Address _____</p> <p>Reason _____</p>
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**Minutes of Regular Business MEETING (Omit information recorded above)**

\_\_\_\_\_  
**Secretary Signature**                      **Date Approved**

(Use additional sheet found at back of book, if more space is needed.)

**Use for additional minutes, if needed**

# MINUTES OF MEETINGS

# MEMBERSHIP ROLL

County \_\_\_\_\_ Club \_\_\_\_\_ Year \_\_\_\_\_

Complete form and have each member sign photo release section (Photos cannot be printed in newsletter, etc without signature). Send WHITE original to Family Living Educator by November 1<sup>st</sup>. Send YELLOW copy to your Center Chairperson and keep the PINK copy for your records. PLEASE TYPE OR PRINT CLEARLY.

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NAME OF MEMBER (Last Name First)	Complete Address	Home Phone	Work Phone	E-Mail Address	Signature for Photo Release
1.					
2.					
3.					
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