

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 \_\_\_\_\_

### 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